

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K43422 (0)**  
 1. Corporation Name  
**DIETARY SOFTWARE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1502 SHELTER COVE DR, 4515 ORTEGA FARMS CIR, ORANGE PARK FL 32073-7220, US

Mailing Address: 1502 SHELTER COVE DR, 4515 ORTEGA FARMS CIR, ORANGE PARK FL 32073, US

3. Date Incorporated or Qualified  
**11/04/1988**

2. Principal Place of Business: 1715 COUNTRY WALK DR, ORANGE PARK FL 32073

2a. Mailing Address: 1715 COUNTRY WALK DR, ORANGE PARK FL 32073

21. Suite, Apt. #, etc.

22. City & State: ORANGE PARK FL

23. City & State: ORANGE PARK, FL

24. Zip: 32073

25. Country: U.S.

26. Suite, Apt. #, etc.

27. City & State: ORANGE PARK, FL

28. City & State: ORANGE PARK, FL

29. Zip: 32073

30. Country: U.S.

4. FEI Number: 59-2929463

Applied For:  Applied For,  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: WILNER, NORWOOD S., 4515 ORTEGA FARMS CIR, JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent:

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILNER, NORWOOD S.	1.2 NAME	
STREET ADDRESS	4515 ORTEGA FARMS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILNER, MERRIE M.	2.2 NAME	
STREET ADDRESS	1502 SHELTER COVE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DP  
 WILNER, MERRIE  
 1715 COUNTRY WALK DR  
 ORANGE PARK, FL 32073

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Merrie M. Wilner* Merrie M. Wilner 904-278-7901

CR2E034 (10/97)