


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.					
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		
2. Principal Place of Business 21 1715 COUNTRY WALK DR. Suite, Apt. #, etc. 22		2a. Mailing Address 27 1715 COUNTRY WALK DR. Suite, Apt. #, etc. 28		3. Date Incorporated or Qualified 11/04/1988	
23 ORANGE PARK, FL City & State 24 32073 Zip 25 U.S. Country		28 ORANGE PARK, FL City & State 29 32073 Zip 30 U.S. Country		4. FEI Number 59-2929463 Applied For Not Applicable	
9. Name and Address of Current Registered Agent WILNER, NORWOOD S. 4515 ORTEGA FARMS CIR JACKSONVILLE FL 32210				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME
	DTS	WILNER, NORWOOD S.	4515 ORTEGA FARMS CIRCLE JACKSONVILLE FL		1.3 STREET ADDRESS
					1.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME
	DP	WILNER, MERRIE M.	1502 SHELTER COVE DR. ORANGE PARK FL		2.3 STREET ADDRESS
					2.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME
					3.3 STREET ADDRESS
					3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME
					4.3 STREET ADDRESS
					4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME
					5.3 STREET ADDRESS
					5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME
					6.3 STREET ADDRESS
					6.4 CITY-ST-ZIP



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)