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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

D & L SOFTWARE SERVICES, INC.

FILED Feb 26 1998 8:00am Secretary of State

Principal Pla	ce of Business	Mailing Address					
880 MANDALAY AVE APT 513N CLEARWATER BEACH FL 34630 US		880 MANDALAY AVE APT 513N CLEARWATER BEACH FL 34630 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
**				10/13/1989			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number 59-2969896	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7ip Country 29 33767 30				8. This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible X Yes ☐ No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AYRE, RONALD G				B1	Name		
880 MANDALAY AVE APT 513N CLEARWATER BEACH FL 34630				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code 33767
office or	t to the provisions of Sections 607.0 registered agent, or both, in the Str am familiar with, and accept the ob-	ate of Florida. Such change was	s authorized	l by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its registered pintment as registered

SIGNATURE (NOTE Registered Agent signature required when reinstating 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition AYRE, RONALD G NAME 880 MANDALAY AVE, APT. 513N STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER BEACH FL 34630** CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

14. Thereby 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 roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

G. AYRE