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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

L96681

(6)

DB SYS. INC

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Oringunal Place	o of Rusinose	Mailing Address	<del></del>				
Principal Place of Business		•			1 1844 A 18 18 18 18 18 18 18 18 18 18 18 18 18		K Alaki skar
380 MORNING LAKE MARY FL		380 MORNING GLORY D LAKE MARY FL 32748-61					
					3. Date Incorporated or Qualified	3a. Date of Last I	· .
					08/22/1990	06/20/1996	
2. Principal Place of Business 2a. Mailing Addres			ess		4, FEI Number	<del>1 1 1</del>	pplied For lot Applicable
Suite, Apt	#. elc.	Suite, Apt. #, etc.			59-3031508	_ ¢0.75	Additional
<sub>1</sub>		27	s, <b>c.c</b> .		5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23 28		28			Trust Fund Contribution		to Fees
Zip	r <sub>ID</sub> Country Zip		30		8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes  Yes No  10. Name and Address of New Registered Agent		
4 25 29							
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Ho	egistered Agent	
	JNDAGE, DARIN L.		°	Name			
380 MORNING GLORY DR			8	Street Add	dress (P.O. Box Number is Not Acceptable)		
LAK	E MARY FL 32746		8:				,,
			[	[			
			8	4 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	utes, the abo	ve-named corp	poration submits this statement for the	purpose of changing	its registered
office of fi agent Lai	registered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was Jons of Section 607.0505. F	authorized b Torida Statute	by the corpora	ation's board of directors. I hereby acce	ept the appointment a	s registered
	and design the design to design		toriona e torion				
S GNATURE	Sign if we type disciplinate of registered agen	and title it applicable. (NC	OTE: Registered A	gent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
7:11; €	DP	DELETE	1,1 TATLE		·	☐ Change	Addition
NAMÉ	Brundage, Darin L.		1.2 NAME				
STREET ADDRESS	380 MORNING GLORY DR		1.3 STRE	ET ADORESS			-
CITY ST-ZIP	The state of the s		1.4 CITY				TT case.
TITLE	_		2.1 TITLE			Change	Addition
NAME	BRUNDAGE, PAULA. L		2.2 NAMI	Į.			ļ
STHEET ACIORESS	380 MORNING GLORY DRIVE			ET ADDRESS			
CI*Y - S1 - ZIP	LAKE MARY FL	DELETE	2 4 C/TY 3 1 THTLE		<del></del>	Change	Addition
TITLE		□ brrrit	3.2 NAM			viange	E.J. ROUMON
NAME Charles and the con-			•	et address			
STREET ADORESS				]			
CHY-ST-ZIP THLE		DELETE	3.4. CITY 4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM				
STREET ADORESS				ET ADDRESS			
CHY-SI-ZIP			4.4 CITY	1			
THLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAM	<u> </u>			
STHEET ADDRESS		•	5.3 STRE	ET ADDRESS			
01Y-ST-7P			5.4 CITY	)			
TILE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAM	Ē			
STREET ADORESS			6.3 STRE	ET ADDRESS			
C11Y - S1 - ZiP			6.4 CITY	-ST-ZIP			

14. I do 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 of Block 13 if charited, or on an attachment with an address.

SIGNATURE:

NINO OFFICER OR DIRECTOR

97 (401) 382-7830

**FILED** 

Apr 15 1997 8:00am

Secretary of State