

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90106 033 \*\*\*150.00

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DOCUMENT # P93000004389

1. Corporation Name

DECISION SUPPORT TECHNOLOGIES, INC.

Principal Place of Business

6751 FORUM DR  
240 A  
ORLANDO FL 32821  
US

Mailing Address

6751 FORUM DR  
240 A  
ORLANDO FL 32821  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1993

4. FEI Number

59-3213530

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

HILLMAN-WALLER, LOUIS M ESQ.  
901 PONCE DE LEON BLVD.  
SUITE 502  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name  
Same

82 Street Address (P.O. Box Number is Not Acceptable)  
Ocean Bank Bldg., Ste. 350

83 782 LeJeune Rd.

84 City  
Miami

FL

85 Zip Code  
33126

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

TITLE D ☐ DELETE

NAME BIRK, RONALD F L  
STREET ADDRESS 3909 LITHIA RIDGE BLVD.  
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ DELETE

NAME STRANGE, STERLING T III  
STREET ADDRESS 7147 NORWICH CT  
CITY-ST-ZIP WARRENTON VA

TITLE D ☐ DELETE

NAME PORTER, GLENDON R.  
STREET ADDRESS 405 S. KARPPE RD  
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE OF GLENDON R. PORTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

407-370-4664

Daytime Phone #

CR2E034 (11/98)