## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

Secretary of Secretary of Core				-							
DOCUI 1. Corporation	MENT #	P93000	00449	95 (6	<b>)</b>						
DTS S	oftware, in	IC.									
Principal Prace of Business Mailing Address								1			
1876 N. UNIVERSITY DR. 1876 N. UNIVERSITY DR. #201-Q #201-Q											
PLANTATION FL 33322			PLANTATION FL 33322				3. Date Incorporated or Qualified 01/20/1993	3a. Date of Last Report 03/22/1995			
- n '	ace of Business		2a. Mailing	Address				4. FEI Number			Applied For
Suite, Apt.	#. etc.		26 Suite A	pt. #, etc.				65-0529859		¢0.7	Not Applicable  5 Additional
22]			27	£, O.O.				5. Certificate of Status Desired	X		Additional Required
City & State	9		Oity & S	itate				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Ζφ <b>24</b> ]	25	Dountry	Ζιρ <b>29</b>		30 Co	intry		This corporation has liability for Florida Statutes	<b>3</b>		
	g. Name and	Address of Current F	Registered Ag	gent		81 Name		10. Name and Address of New F	registered A	gent	
MILLIGA	AN, T. WAYNE										
	JTH SHORE DR	<b>l.</b>				82 Stree	t Addres	ss (P.O. Box Number is Not Acceptal	ole)		
	EACH FL 3314					83					
						84 City				85 Ž	ip Code
11. Pursuant t	to the provisions o	f Sections 607 0502 ar	od 607 1508 F	Jorida Statut	es the ab	we named	eornoral	ion submits this statement for the pu	FL.	noing ite	rapistared office
or register	ed agent, or both,	in the State of Florida.	Such change 607 0505, Fic	was authoriz	red by the	corporation'	s board	of directors. I hereby accept the app	ointment as r	egistere	d agent. Lam
SIGNATURE		congano to oi, crous i	007.0000,110	, idii Oiliidisi							
	Signature, typed or print-	ed name of registerer agent and		(N.)		Mga Lagratur	ted med s	visor rengitating	DATE		
12.	ם	OFFICERS AND L		] DELETE	13.			ADDITIONS/CHANGES TO OFF			
I.AMÉ	PARRA, JOS	C C	L.	J DECETE	111				L	J Change	☐ Addit-on
STREET ADDRESS		versity dr. #201-	n		12 N						
CHY-SI-ZIP	PLANTATION		u			IREET ADDRESS	`				
1:115	MT	TIE OOOZE		DELETE	2 1 1	-TY-ST-Z-F -TLF	- † · · · · ·			Change	☐ Addition
NAME	MULLIGAN,	T. WAYNE	-	,	22 N				L.	C	
STREET ADDRESS						reet address					
CITY-ST-ZIP	PLANTATION		_			ITY-ST-ZIF					
1:116				DELFTE	3 1 7		.			Change	☐ Addition
NAMÉ					32 N	AN*E					
STREET ADDRESS					338	THEFT ADDRESS	5				
CITY - ST - ZIP						DY-S1 20F					
TOTLE				] DELETE	4 1 1		1			Change	Addition
NAME					. 42 N	AME					
STREET ADDRESS					435	IKEET ADORESS	.				
CHY-S*-ZP					4.4 C	II*+\$1-Z⊞					
DILE				) DELETE	5 1 T	IT.F	1			Change	Addition
NAME					52 N	4616					
STREET ADDRESS					538	FREET ADDRESS					

64 (III): \$1-2if.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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 13 if changed, or on an attachment with an address.

5.4 CHY+ST-ZIP

6.9 STHELT ADDRESS

6 1 THTLE

6.2 NAME

SIGNATURE:

C TY - ST - ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-4-96 954-474-8470

Change

☐ Addition