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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000068175 (7)

SCHEDULING SYSTEMS, INC.

FILED Apr 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					i rodiradi jira ibiba iliki Balili Abili Abili Ab	(CO 0110) 10(0) 110) 1609 011 1461
SUITE 105 SUITE 105			e lafayette 105 Hassee Fl 32301		DO NOT WRITE IN T	HIS SPACE
					3. Date incorporated or Qualified	
					09/30/1993	
	Place of Business	2s. Mailing Address			4. FEI Number	Applied For
21		26			59-3314718	Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			V. Commeate of Grates Desired	Fee Required
City & Stat	le .	City & State			6. Election Campaign Financing	\$5.00 May Be
23	T 6	28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees
Zip	Country	n ' han ' han ''		lry	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curre	29	30		Personal Property Tax due June 30.	Yes No
- D	ARNER, CHARLES E JR	uir vedimenen väetir		11 Name	10. Name and Address of New Registe	red Agent
	•]`	Name		
	020 E LAFAYETTE		Ē	2 Street Add	iress (P.O. Box Number is Not Acceptable)	
SUITE 105			-	3		
' <i>'</i>	ALLAHASSEE FL 32301		*	"		
			Ĭĕ	4 City		85 Zip Code
14 Duraupat	to the provisions of Continue COZ OF	00 and 007 4500 Flatida Out	1 1	<u> </u>		FL S Z D O O O O
office or a agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obti	e of Florida. Such change was gations of, Section 607.0505, I	utes, the abo s authorized Florida Statut	ove-named cor by the corpora les.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE						
40	Signature, typed or printed name of registered a			upen erutangia Inequ	ired when reinstating) DA	:
12.	OFFICERS A	ND DIRECTORS	13,	- 1	ADDITIONS/CHANGES TO OFFICERS	
	PARAVIA, ROBERT C.	C) DETEIE	1.1 TiTLE			☐ Change ☐ Addition
NAME	2108 CRESTPOINT		1.2 NAM	-		
STREET ADDRESS	LAS VEGAS NV			ET ADDRESS		
CITY-ST-ZIP TITLE	VP VEGNO IVV	DELETE	1.4 CITY	· · · · · · · · · · · · · · · · · · ·		
	BALARA, TERRY A.	L DELETE	2.1 TITL			Change Addition
NAME	525 CARACABA ROAD		2.2 NAM	- I		
STREET ADDRESS	ST. AUGUSTINE FL			ET ADORESS	i	j
CITY-ST-ZIP	D D	T DELETE		'-ST-ZIP		
TITLE	BARR, CHARLES F.	☐ DELETE	3.1 TITLE			Change Addition
NAME	229 SHARE DRIVE		3.2 NAM	-		
STREET ADDRESS	MORRISVILLE PA			ET ADDRESS		
CITY-ST-ZIP TITLE	D MORNSVILLE PA	DELETE		-ST-ZIP		Charas Hauser
	BARNER JR., CHARLES E.		4.1 TITLE			Change Addition
NAME	307 SWEETBRIAR DRIVE		4. 2 NAN	-		
STREET ADDRESS	TALLAHASSEE FL			ET ADDRESS		
CITY-ST-ZIP	INLLWIMOSEE FL	Deveze.	4.4 City			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP	98.0 118	T	5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE	i i		Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			64 CITY	. ST. 7IP		

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 of 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: