
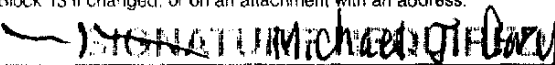


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000080609 (9)</b> 1. Corporation Name: <b>DECISION MANAGEMENT SYSTEMS, INC.</b>			
Principal Place of Business <b>1301 GEMINI CT OVIEDO FL 32765 US</b>		Mailing Address <b>PO BOX 2108 OVIEDO FL 32765 US</b>	
2. Principal Place of Business 21 <b>830 EYRIE DR.</b> Suite, Apt. #, etc. 22 <b>SUITE 3</b> City & State 23 <b>OVIEDO, FL</b> Zip 24 <b>32765</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>PO BOX 622108</b> Suite, Apt. #, etc. 27 City & State 28 <b>OVIEDO, FL</b> Zip 29 <b>32762</b> Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>11/12/1993</b>		3a. Date of Last Report <b>02/27/1996</b>	
4. FEI Number <b>59-3210622</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CACCIATORE, JOHN M 790 NORTH ORANGE AVENUE ORLANDO FL 32801</b>		10. Name and Address of New Registered Agent 81 Name <b>JOHN M. CACCIATORE, ESQ.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>170 E. WASHINGTON ST.</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32801</b>	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>0 PRESIDENT &amp; TREASURER</b> <input type="checkbox"/> DELETE <b>CORY, MICHAEL J</b> <b>PO BOX 2108 N/A PO BOX 622108</b> <b>OVIEDO FL 32762</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT &amp; TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 622108 830 Eyrie Dr., Suite 3</b> <b>32762 Oviedo, FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT &amp; SECRETARY</b> <input type="checkbox"/> DELETE <b>SMITH, JEFFREY M.</b> <b>PO</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VICE-PRESIDENT &amp; SECR.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SMITH, JEFFREY M.</b> <b>PO BOX 622108 830 Eyrie Dr., Suite 3</b> <b>OVIEDO, FL 32762 Oviedo, FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		4/14/1997 407-359-2975	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)