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

**PROFIT** CORPORATION ANNUAL REPORT

1998

SIGNATURE:



Sandra B. Mortham

**FILED** 

Apr 28 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083317 (6)

	DLY SOFTWARE CORPORA				
Principal Place		Mailing Address			
1301 RIVERPLACE BLVD STE 1809 STE 1809 JACKSONVILE FL 32207 JACKSONVILE FL 32207					
				DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
A Principal P	lace of Business	Ma Mailing Address		12/07/1993 4. FEI Number	
2. Principal P	lace of business	2a. Mailing Address		59-3214980	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25   9. Name and Address of Currer		10	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
DE	- <del></del>	it negistered Agent	81 Name	10. Hame and Address of New Negleto	en salett
PEEK, EUGENE G IN 1301 RIVERPALCE BLVD STE 1609					
JACKSONVILLE FL 32207			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
]			83		
			84 City		85 Zip Code
dd Duranant	to the provisions of Septime 507 050	22 and CO7 1500 Floride Plat the	the shows remark see		<del>-</del>
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature typed or protect name of registered age		thorized by the corpora da Statutes. Registered Agent signature requ	poration submits this statement for the purporation's board of directors. I hereby accept the	[
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DCST	DELETE	1.1 TITLE	ADDITIONATION TO CITIONIS	Change Addition
NAME	PEEK, EUGENE G III		1.2 NAME		
STREET ADDRESS	1301 RIVERPALCE BLVD STE	1609	1.3 STREET ADDRESS		
CITY-ST-7IP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BALES, WILLIAM T		2.2 NAME		
STREET ADDRESS	1301 RIVERPALCE BLVD STE	1609	2.3 STREET ADDRESS		Į
CITY+ST-ZIP	JACKSONVILLE FL		2 4 CITY-ST-ZIP		<b></b>
TITLE	DV PALES POLICE E	DELETE	3.1 TITLE		Change Addition
NAME	BALES, BRUCE F 1301 RIVERPLACE BLVD STE	1800	3.2 NAME		
STREET ADDRESS	JACKSONVILLE FL	. 1907	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	3.4. CITY - ST - ZIP 4.1 YITLE		Change Addition
NAME	PEEK, DAVID H		4. 2 NAME		L_ Onlings nations
STREET ADDRESS	1301 RIVERPLACE BLVD STE	1609	4.3 STREET ADDRESS		İ
CITY-ST-ZIP	JACKSONVILLE FL	<del>-</del> -	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	}		5.3 STREET ADDRESS		ł
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CTOKET ADDOCCC			COURTREE ADDRESS		

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 suppliemental 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.