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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P94000008330 (0)

TEXT RETRIEVAL SYSTEMS, INC.

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9. Name and Address of Current Registered Agent GAMBLE, CONSTANCE L 200 EXECUTIVE WAY PONTE VEDRA FL 32082 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 86 City FL 86 City FL 86 Zip Code 86 City FL 87 Zip Code 87 Zip Code 87 Zip Code 88 Zip Code	Ζφ	Country	Zιρ		Cour	ntry		· · · · · · · · · · · · · · · · · · ·			199.032	
GAMBLE, CONSTANCE L 200 EXECUTIVE WAY PONTE VEDRA FL 32082 84 City FL 85 Zp Code 11. Pursuant to the provisions of Sections 607,0002 and 607,1508. Roda Statutes, the base named concention submits the 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. Thereby accept the appointment as registered agent, and accept the change of the composition of Sections 607,0002 and 607,1508. Roda Statutes SIGNATURE SIGNATURE Signature, typerior provide registering agent and if a recision of the purpose of changing its registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided by the corporation's board of directors. Thereby accept the appointment as registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided the recision of the provided agent to the purpose of changing its registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided the recision of the purpose of changing its registered agent. I am a provided the recision of the provided agent age	24							<u> </u>				
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200 EXECUTIVE WAY PONTE VEDRA FL 32082 84 City FL 85 Zp Code 11. Pursuant to the provisions of Sectors 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Sections 607.0503, Florida Statutes, the above named corporation is board of directors. I hereby accept the appointment as registered agent. I emitted for the provisions of, Sections 607.0503, Florida Statutes, the above named corporation is board of directors. I hereby accept the appointment as registered agent. I emitted for the provisions of, Sections 607.0503, Florida Statutes, the above named corporation is board of directors. I hereby accept the appointment as registered agent. I emitted for the provisions of, Section 607.0503, Florida Statutes, the above named corporation is board of directors. I hereby accept the appointment as registered agent. I emitted for the provisions of, Section 607.0503, Florida Statutes, the above named corporation is board of directors. I hereby accept the appointment as registered agent. I emitted for the provisions of spatial statutes, the above named corporation is board of directors. I hereby accept the appointment as registered agent. I emitted for the provisions of spatial of the provisions of the provisions of spatial of the provisions of the prov					L							
PONTE VEDRA FL 32082					Ī	82	Street Addres	ss (P.O. Box Number is Not Acce	otable)			
TI. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent. I arm 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 arm stratum, and accept the obligations of, Section 607.0505, Florida Statutes, by the corporation's board of directors. I hereby accept the appointment as registered agent. I arm stratum this, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I arm stratum this, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I arm stratum this, and accept the obligations of, Section 607.0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent. I arm stratum this, and accept the obligations of the purpose of change in a part of the purpose of the purpo					<u> </u>	83		N 1				\neg
11. Pursuant to the provisions of Sections 607 (500 and 607 1500 and 6					f	84	City			85 Zi	p Code	
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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12	11 Dureuget to	the provisions of Sections 607 05	02 and 607 1509 Flo	orido Statutas	the abov	/O.D3	med cornerat	lian submits this statement for the			raciatorad offic	
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12.	SIGNATURE	longlying typed or printed name of registered and	w Land the if applicance	<u> </u> ለነገኘ	- Aggistered	Agent	e onat ire required u	otwon ne netalinoù		TÉ		_ _
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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 eath; 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.	certify that the cath; that I a	he information indicated on this an am an officer or director of the corp	nual report or supple poration or the receiv	emental annua ver or trustee e	il report is empower	true	and accurate	and that my signature shall have	the same f	egal effect a s it	f made under	

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