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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000017985 (8)

DIGITAL SOFTWARE SYSTEMS, INC.

Principal	Place of	Business

appears in Block 12 or Bl

Mailing Address

## **FILED** Feb 10 1997 8:00am Secretary of State



18330 CYPRESS TAMPA FL 3364		18330 CYPRESS VIEW WAY TAMPA FL 33647-1817			
				3. Date incorporated or Qualified 02/27/1996	3a. Date of Last Report
2. Principal File	ace of Business	2a. Mailirig Address		4. FEI Number	Applied For
21 3505	Frontage Rd	26 3505 From	NTAGE Rd	59-3364288	Not Applicable
Suite, Apt 7		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	PR FL	City & State	F(	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 336	Country D7 25 USA	<sup>Zip</sup> 33607 3	Country  O USA	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes  No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	alstered Agent
343 /	RILAWYER CHARTERED ALMERIA AVENUE AL GABLES FL 33134		82 Street Add 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DIROUGHTON, DUA dress (P.O. Box Number is Not Acceptable BO CYPRESS VIEW	He}
				MPA	<b>PL</b>     33 6 4 7
11. Pursuant to office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accord the obligations.	<sup>2</sup> and 607.1508, Florida Statutes of Florida, Such change was au tions of Section 607.0505, Flori	i, the above-named cor thorized by the corpora da Statutes	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered It the appointment as registered
SIGNATURE	DONALD E. BRO	NOTHON	Registered Agent signature requ	Blite	2 - 2/ 9 ]
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	BROUGHTON, DONALD E		1.2 NAME		
STREET ADDRESS	18330 CYPRESS VIEW WAY		1.3 STREET ADDRESS		
C(TY-ST-ZIP	TAMPA FL 33647		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	BROUGHTON, LINDA M		2.2 NAME		
STREET ADDRESS	18330 CYPRIESS VIEW WAY		2.3 STREET ADDRESS		
CHTY - ST - ZIP	TAMPA FL 33647		2.4 €ITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY - ST - 7IP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST-ZIF			6.4 CITY - ST - ZIP		
14. I do hereb	by certify that the information supplied	with this filling does not qualify	for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio	on indicated on this annual report or s	upplemental annual report is tru	ie and accurate and tha	at my signature shall have the same lega ort as required by Chapter 607, Florida S	il effect as if made under oath; that [