

1-16-98 B 8046 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000031254 (1)

1. Corporation Name
DADELAND SOFTWARE SERVICES, INC.



Principal Place of Business: **7545 N. KENDALL DR. MIAMI FL 33156**
 Mailing Address: **7545 N. KENDALL DR. MIAMI FL 33156**

2. Principal Place of Business: **21 One Commerce Street**
 Suite, Apt. #, etc.
 City & State: **22 Montgomery, AL**
 Zip: **24 36104** Country: **25 U.S.**

2a. Mailing Address: **26 One Commerce Street**
 Suite, Apt. #, etc.
 City & State: **27 Montgomery, AL**
 Zip: **29 36104** Country: **30 U.S.**

9. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1996**

4. FEI Number: **65-0707760** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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: **(x) Dale W. Morris**
 Signature (Typed or printed name of registered agent and fee is applicable)

(Not Registered Agent signature required when reinstating) **7/8-98**
 DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, CARLOS F	
STREET ADDRESS	7545 N KENDALL DR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	President	<input type="checkbox"/> DELETE
NAME	James W. Davis	
STREET ADDRESS	One Commerce Street	
CITY-STATE-ZIP	Montgomery, AL 36104	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Sarah H. Moore	
STREET ADDRESS	One Commerce Street	
CITY-STATE-ZIP	Montgomery, AL 36104	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	William A. McCrary	
STREET ADDRESS	One Commerce Street	
CITY-STATE-ZIP	Montgomery, AL 36104	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Shaile Moody	
STREET ADDRESS	One Commerce Street	
CITY-STATE-ZIP	Montgomery, AL 36104	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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 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: **(x) [Signature]** **7-7-98 324/244-54-2**

CR2E034 (5/98)