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

STREET ADDRESS

**FILED** Apr 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P97000101726 (2) DAYTONA ANSWERING SYSTEMS, INC. Principal Place of Business Mailing Address 1740 VALENCIA P.O. BOX 6008 ORMOND BEACH FL 82122 DAYTONA BEACH FL 82212-1 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1997 4. FEI Number 2. Principal Place of Business Applied For 2a. Mailing Address 59-3485939 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name GARRETT, JAMES H 1740 VAALENCIA Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 404 83 32174 84 City Zip Code 4 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. 3-16-98 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT DELETE 1.1 TITLE TITLE NAME ELIZABETH R. TAL INFERM 1.3 STREET ADDRESS STREET ADDRESS 130x 600 R CITY-ST-ZIP 1.4 City-St-ZiP THILE 2.1 TITLE AN OVYDA 2.2 NAME NAME 32122 STREE1 ADDRESS 2.3 STREET ADDRESS 2. 4 City - St - ZiP CITY-SI-7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

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. 3-16-98 904-677-3710 SIGNATURE

6.3 STREET ADDRESS