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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S19938

(7)

ODYSSEY SOFTWARE, INC	٠,			
Principal Place of Business	Mailing Address			OTOT PION BIOLIBIA BION PION PION
3311 NW 27 AVE	3311 NW 27 AVE			
AMERICAN P. P. GOOF	- D 			
GAINESYILLE FL 32605 US	GAINESVILLE FL 3260: US	5-2 <i>1</i> U2	3. Date Incorporated or Qualified	3a. Date of Last Report
			12/20/1990	07/11/1996
2. Principal Place of Business	2a. Mailing Address	4 - 1 22 4	4. FEI Number	Applied For
1 3311 NM 97 1	AVE 26 3311 1	UW 27 AVE	65-0230059	Not Applicable
Suite Apt. # etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City P. Stote	27			Fee Required
City & State GAINES VILLE FL	City & State	ILLE FL	6. Election Campaign Financing	\$5.00 May Be
	Zip	Country	Trust Fund Contribution	Added to Fees
Zip Country 24 32605 25 US	A 32605	₃ UŚA	8. This corporation has liability for in Florida Statutes	rangible tax under s. 199.032, Yes No
9. Name and Address	s of Current Registered Agent		10. Name and Address of New Reg	
SLAZINSKI, JAY		81 Name		
3311 NW 27TH AVE.		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32605		LL		
		83	•	
		84 City		85 Zip Code
				FL 85 Zip Code
11. Pursuant to the provisions of Section	ns 60%0502 and 607 1508. Florida Sta			urpose of changing its registered
	ris 607 0502 and 607.1508, Florida Sta the State of Orida. Such change wa of the objection s of, Section 607.0505,	as authorized by the corpora Florida Statutes	ation's board of directors. I hereby accep	t the appointment as registered
11. Pursuant to the provisions of Section office or registered agost or both, agent. I am farn far with and accept SIGNATURE Signature forces or protect name of the section of the sect	7/)(5	AY SIAZIN	skı 2.	t the appointment as registered
SIGNATURE Signatur pared or protect name of	7/)(5	A SIAZ NOTE: Registered Agent signature requirements.	skı 2.	7 / 4 7 DATE
SIGNATURE Signature parted or printed name of the state o	represent and little transplicable (f	AY SIA2 N NOTE: Registered Agent signature requ	SK() Jired when reinstating)	7 / 4 7 DATE
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