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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katkerine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

VENDATA, INC.

FILED	
Jul 13, 1999 8:00	am
Secretary of Sta	
•	

07-13-1999 90008 008 ***550.00



Principal Place	e of Business	Mailing Address				* 5 587080 - 900	08 - 8		
751 P	ARK OF COMMERCED	2 SAME			á				
						DO NOT WRITE	IN THIS S	DACE	
Baca	706 RATON, FZ 3343	7					IN THIS C		
DOG !	<i>A700</i> , !- !	•				3. Date Incorporated or Qualifed 4-2/-8	,		
	in the second	Da Mailing Address				4. FEI Number			Applied For
Z. Principal P	lace of Business	2a. Mailing Address				59-2098833			Not Applicable
21]		26 Suite Act # ata				37-2018833		\$9.7	5 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired]	-	Required
22		City & State				5 5t die Orași Sirași			0 May Be
City & State	e	⊢ 1				6. Election Campaign Financing Trust Fund Contribution			ed to Fees
23	Country	28	Country	,		8. This corporation owes the current	woor Inta		
Zip	_ ′				Personal Property Tax.		⊠Yes	□No	
24	9. Name and Address of Current		<u>, , , , , , , , , , , , , , , , , , , </u>			10. Name and Address of New Reg			
		registered Agent	81	ΙN	lame				
MARK	OWEN	•		L					
751	PARK OF GMME	ece Dr.	82	\$	Street Addre	ess (P.O. Box Number is Not Acceptable)		
			83	+					
3017	7900, TZ. 330	101	03	7					
DUCA	MATON, 12. 22	137	84	0	City		FL	85 Z	ip Code
				L_		C. h. it ship at the part for the pu	. –	hanging	ita registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	i Florida. Such change was aut	norized by	the	corporatio	oration submits this statement for the pu on's board of directors. I hereby accept the	ne appoint	tment as	registered
SIGNATURE							DATE		
 -	Signature, typed or printed name of registered agent			nt sig	nature required	ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN 12
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE			ADDITIONS/CHANGES TO OTTIC	LINO AIN	Chang	
TITLE	ا من المنظم	 :							,,
NAME	MARK I OWEN 151 PARK OF COMMO BOCA PLATON, FZ	MED NO TENE	1.2 NAME						
STREET ADDRESS	751 PARK OF COMME	3312	1.3 STREE		- 1				
CiTY-ST-ZIP	BOCA RATION, 12	DELETE	1.4 CITY-S	T-ZI	P			Chang	e Addition
TITLE	• •		2.1 TITLE						,
NAME	TOHN S. EBNER	4.#	2.2 NAME		ì				
STREET ADDRESS	JOHN S. EBNER 751 PARK OF COMM BOCA RATION FC.	ERCE DR, # 106	2.3 STREE	TAD	DRESS				
CITY-ST-ZIP	BOCARATON, FC.	<i>33431</i> _	2. 4 CITY-S	ST-Z	IP I				
TITLE	,	☐ DELETE	3.1 TITLE		ĺ			Chan	ge 🗌 Addition
NAME			3.2 NAME	-					
STREET ADDRESS		·	3.3 STREE	T ADI	ORESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZI	IP.				
TITLE		☐ DELETE	4.1 TITLE					Chang	ge 🗌 Addition
NAME			4. 2 NAME		1				}
STREET ADDRESS			4.3 STREE	T ADI	DRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZII	Р				
TITLE		☐ D€LETE	5.1 TITLE					Chan	ge 🗌 Addition
NAME			5.2 NAME						
STREET ADDRESS	,		5.3 STREE	TAD	DRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZII	P _				
TITLE		☐ DELETE	6.1 TITLE					☐ Chan	ge 🗌 Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TAD	DRESS				
OTTY OT 7ID			6.4 CITY-S	ST-ZI	iP				

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-99 Date