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**Feb 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001185 (7)
 1. Corporation Name
AMERIDATA, INC.



Principal Place of Business 10200 51ST AVE N PLYMOUTH MN 55442	Mailing Address 10200 51ST AVE N PLYMOUTH MN 55442-3206
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3. Date Incorporated or Qualified 03/09/1994	3a. Date of Last Report 02/01/1996
4. FEI Number 41-0997685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	MCCLEARY, JAMES	
STREET ADDRESS	10200 51ST AVE N	
CITY-ST-ZIP	PLYMOUTH MN 55442	
TITLE	CV	<input checked="" type="checkbox"/> DELETE
NAME	POCH, GERALD	
STREET ADDRESS	10200 51ST AVE N	
CITY-ST-ZIP	PLYMOUTH MN 55442	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	FASSLER, LEN	
STREET ADDRESS	10200 51ST AVE N	
CITY-ST-ZIP	PLYMOUTH MN 55442	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OBERHAUSER, LOU	
STREET ADDRESS	10200 51ST AVE N	
CITY-ST-ZIP	PLYMOUTH MN 55442	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HARVATINE, JOHN	
STREET ADDRESS	10200 51ST AVE N	
CITY-ST-ZIP	PLYMOUTH MN 55442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Perry Monych	
1.3 STREET ADDRESS	5121 Winnetka	
1.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55428	
2.1 TITLE	CV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANKLIN KUHAR	
2.3 STREET ADDRESS	10200 51st Ave N	
2.4 CITY-ST-ZIP	Plymouth MN 55442	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gwen Higgins	
4.3 STREET ADDRESS	700 Canal St	
4.4 CITY-ST-ZIP	Stamford CT 06902	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard McDevitt	
5.3 STREET ADDRESS	93 Ralsey Rd	
5.4 CITY-ST-ZIP	Stamford CT 06902	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gerald Poch	
6.3 STREET ADDRESS	10200 51st Ave N	
6.4 CITY-ST-ZIP	Plymouth MN 55442	

14. I do 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: Perry Monych Date: Jan 28/97 612
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 557-2552

CR2E034 (9/96)