

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K16999 (0)

1. Corporation Name

C V C DATA INC.



Principal Place of Business

**C/O MARCIA PRESTON
5001 S. UNIVERSITY DR., SUITE G
DAVIE FL 33328**

Mailing Address

**C/O MARCIA PRESTON
5001 S. UNIVERSITY DR., SUITE G
DAVIE FL 33328**

3. Date Incorporated or Qualified

03/03/1988

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

21 **C/O Ralph Preston**

Suite, Apt. #, etc

22 **77 NW 98TH TERRACE**

City & State

23 **Plantation, FL**

Zip

24 **33324**

Country

25 **USA**

2a. Mailing Address

26 **C/O Ralph Preston**

Suite, Apt. #, etc

27 **77 NW 98TH TERRACE**

City & State

28 **Plantation, FL**

Zip

29 **33324**

Country

30 **USA**

4. FEE Number

65-0032415

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PRESTON, MARCIA
77 NORTHWEST 98TH TERRACE
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name **Preston, Ralph**

82 Street Address (P.O. Box Number is Not Acceptable)

77 NW 98TH TERRACE

83

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Ralph B. Preston

(Print Name of Registered Agent or Director)

DATE

2/23/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	PRESTON, MARCIA	
STREET ADDRESS	77 NW 98TH TERRACE	
CITY-STATE-ZIP	PLANTATION FL	
TITLE	D	☐ DELETE
NAME	Preston, Ralph	
STREET ADDRESS	77 NW 98TH TERRACE	
CITY-STATE-ZIP	Plantation, FL 33324	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

Ralph B. Preston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 954-476-1069
DATE DISTRICT PHONE #

CR2E034 (12/95)