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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DO(

(0)

FILED Jan 22 1997 8:00am Secretary of State

CUMENT Poration Name	#	K1	6999	

C V C DATA INC.

Principal Place of Business		Mailing Address			n i naturati gas kirta nitiā sātirā tātirā tātir ātāts ātāts ātāts ātāti ātāti ātāti ātāti ātāti šāāt		
C/O RALPH		C/O RALPH PRESTON					
77 NW 98 TE		77 NW 98 TERRACE					
PLANTATION	FL 33324	PLANTATION FL 33324-7	012				
US		US			 Date Incorporated or Qualified 03/03/1988 	3a. Date of Last Report 03/21/1996	
2. Principal	Place of Business	28. Mailing Address			4. FEI Number	Applied For	
21		26			65-0032415	Not Applicable	
Suite. Ap	t. #, etc.	Suite, Apt. #, etc.			P. Ondifference I Day of Brain and	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zφ	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s. 199.032.	
24	25	29	30			Yes No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	istered Agent	
	ESTON, MARCIA		81	Name			
	NORTHWEST 98TH TERRACE		82	Street Add	ress (P.O. Box Number is Not Acceptable	0)	
PL	ANTATION FL 33324		"	Street Add	iress (r.o. box radinber is radi Acceptabl	0)	
			83				
			84	City		FL 85 Zip Code	
11. Pursuan	it to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	utes, the abovi	e-named corr	poration submits this statement for the pr	unage of changing its registered	
onice or	registered agent, or both, in the St am familiar with, and accept the ob	ate of Flooda. Such change was	s authorized by	the coroora	tion's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE							
	Signature, typed or printed name of registered			ni signalure requi	ired when reinstaling)	DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PRESTON, RALPH	☐ DELETE	1.1 TITLE			Change Addition	
NAME	77 ARM OF TEDOACE		1,2 NAME				
STREET ADDRESS	PLANTATION FL		1.3 STREET	ADDRESS			
CITY - ST - ZIP	PLANIATION PL		1.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change Addition	
NAM(2.2 NAME				
STREET ADDRESS	5		2 3 STREET	ADDRESS		<u>.</u> .·	
CITY - ST - ZIP			2. 4 CITY-5	T-ZIP			
TITLE		L. DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME	İ			
STREET ADDRESS	5		3 3 STREET	ADDRESS			
City - ST - ZIP			3.4. CITY - 9	IT-ZIP			
Trite		DELETE	4 1 TITLE	7		Change Addition	
MAME			4 2 NAME				
STREET ADDRESS			43 STREET	ADDRESS			
CITY - S1 - ZIP			4 4 CITY - S	T-ZIP			
TITLE		DELETE	5 1 TITLE			Change Addition	
NAME	1		5.2 NAME				
STREET ADDRESS	. ! ! •		5.3 STREET	ADDRESS			
CITY - ST - ZIP			5 4 CHTY-S				
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

6.4 CITY - ST - ZIP 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 suppliemental 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 certify atom 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:

CITY-ST-ZIP

1604(27

Daytime Phone #