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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K39414

(3)

TIME DATA CORPORATION

SIGNATURE:

FILED May 02 1997 8:00am Secretary of State

0211770



Principal Place of Business 8351 S.W. 30TH STREET MAIM! FL 33155	Mailing Address 8351 S.W. 30TH ST MAIMI FL 33155-24				
			3. Date Incorporated or Qualified 10/11/1988	3a. Date of Last R 01/24/1996	teport
2. Principal Place of Business 21	2a. Mailing Addres 26	ss	4. FEI Number 65-0099001	· · · · · - · ·	oplied For ot Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, e	etc.	5. Certificate of Status Desired	7	Additional equired
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
7ip Coi	untry Zip	Country 30		Yes No	i. 199.032,
9, Name and Ad GOLDIKENER, NELSO	Idress of Current Registered Agent	81 Name	10, Name and Address of New Reg	gistered Agent	
8351 S.W. 30TH STRE Miami FL 33155	:E1	82 Street Add8384 City	dress (P.O. Box Number is Not Acceptab		Code
office or registered agent, or l	Sections 607.0502 and 607.1508, Florida both, in the State of Florida. Such changacept the obligations of, Section 607.01	e was authorized by the corpor 505. Florida Stautes.	ation's board of directors. I hereby accep	or the appointment as	registered
SIGNATURE Signalers, typied or printed 12.	name of registered agent and title if applicable OFFICERS AND DIRECTORS	(NOTE: Register) i Agent signature req	ured when reinstating) ADDITIONS/CHANGES TO OFFIC		
SIGNATURE Stgreature, typical or printed 12. HILE PD GOLDIKENER, N STHEEL ADDRESS 8351 S.W. 30TH	name of registered agent and the if applicable OFFICERS AND DIRECTORS DELI JELSON I STREET	(NOTE: Register) Agent signature req 13 ETE 1.1 TILE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP		CERS AND DIRECTOR Change	☐ Addition
SIGNATURE Stgnature, typied or printed 12. HILE NAME STREEL ADDRESS CHY-SI-7/P HILE NAME STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS	name of registered agent and the if applicable OFFICERS AND DIRECTORS DELI IELSON	(NOTE: Register) Agent signature req 13 ETE 1.1 TILE 12 NAME 13 STREET ADDRESS 1.4 CITy - ST - ZIP		CERS AND DIRECTOR	
SIGNATURE Signature, typied or printed 12. TITLE NAME STREEL ADDRESS CITY-SI-7IP MIAMI FL TITLE NAME STREEL ADDRESS CITY-SI-7IP TITLE NAME STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS	name of registered agent and the if applicable OFFICERS AND DIRECTORS DELI JELSON I STREET	(NOTE: Register) Agent signature req 13 ETE 1.1 TILE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP ETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		CERS AND DIRECTOR Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS	nearie of registered agent and title if applicable OFFICERS AND DIRECTORS DELI IELSON I STREET DELI	(NOTE: Register) Agent signature req 13. ETE 1.1 TILE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP ETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		CERS AND DIRECTO	Addition
SIGNATURE 12. THLE NAME STREET ADDRESS CITY-ST-7/P THLE NAME NAME NAME NAME NAME NAME NAME NAM	name of registered agent and the if applicable OFFICERS AND DIRECTORS DELI STREET	(NOTE: Register) Agent signature req 13 ETE		CERS AND DIRECTOR Change Change	Addition Addition