

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 07 1996 8:00 am
Secretary of State

DOCUMENT # **L02800 (5)**
1. Corporation Name
SKYDATA, INC.



Principal Place of Business: **C/O O'BRIEN, JAMES 516 N HARBOR CITY BLVD MELBOURNE FL 32935 US**
Mailing Address: **C/O O'BRIEN, JAMES 516 N HARBOR CITY BLVD MELBOURNE FL 32935 US**

3. Date Incorporated or Qualified: **07/14/1989**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-2961358**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent: **O'BRIEN, JAMES M 516 N HARBOR CITY BLVD MELBOURNE FL 32935**
10. Name and Address of New Registered Agent (81-85):
81 Name: **JAMES M. O'BRIEN**
82 Street Address (P.O. Box Number is Not Acceptable): **1686 W. HIBISCUS BLVD.**
84 City: **MELBOURNE** FL 85 Zip Code: **32901**

11. Pursuant to the provisions of Sections 607.0602 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: *[Signature]* **1/22/96**
Signature of individual or principal officer or director, agent and their affiliates. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPCS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, JOHN R.	1.2 NAME	
STREET ADDRESS	7780 TECHNOLOGY DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	W MELBOURNE FL	1.4 CITY-STATE-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, M J, JR	2.2 NAME	
STREET ADDRESS	7780 TECHNOLOGY DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	W MELBOURNE FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UCHARD, H	3.2 NAME	
STREET ADDRESS	7780 TECHNOLOGY DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	W MELBOURNE FL	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HWANG, K T	4.2 NAME	
STREET ADDRESS	7780 TECHNOLOGY DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	W MELBOURNE FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DO, S. H	5.2 NAME	
STREET ADDRESS	7780 TECHNOLOGY DRIVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	W. MELBOURNE FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 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)(k), 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 as an attachment with an address.

SIGNATURE: *[Signature]* **Treasurer** **3-1-96** **407/734-9630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed

CR2E034 (12/95)