

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L42235**
1. Corporation Name
DATATAX, INC.

(6)



Principal Place of Business
**6331 STIRLING RD
DAVIE FL 33314**

Mailing Address
**6331 STIRLING RD
DAVIE FL 33314**

3. Date Incorporated or Qualified 01/12/1990	3a. Date of Last Report 04/28/1995
4. FEI Number 65-0163787	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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9. Name and Address of Current Registered Agent

**STEWART, BARBARA D
3639 NW 91ST LANE
#800
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0942 and 607.1508, Florida Statutes, the above named corporation solemnly swears this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors. The city accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0946, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
	PSTD STEWART, BARBARA D	3639 NW 91ST LANE	SUNRISE FL	
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY, ST, ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY, ST, ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY, ST, ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY, ST, 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 supplement to 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 change. I or an attachment with an address.

SIGNATURE: *Barbara D Stewart, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara D Stewart

3/1/96 954-791-3003
DATE OF FILING TELEPHONE NUMBER

CR2E034 (12/95)