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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P00271 (7)
 1. Corporation Name
DATATAPE INCORPORATED



Principal Place of Business Mailing Address
605 E. HUNTINGTON DRIVE **605 E. HUNTINGTON DRIVE**
MONROVIA CA 91017-7170 **MONROVIA CA 91016-3636**
US **US**

3. Date Incorporated or Qualified **12/14/1983** 3a. Date of Last Report **12/26/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 06-1090589	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
WOLF, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	FL	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACCACIO, DOMINICK	1.2 NAME	
STREET ADDRESS	605 E. HUNTINGTON DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	MONROVIA CA	1.4 CITY- ST- ZIP	
TITLE	VPCF <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, DAVID	2.2 NAME	
STREET ADDRESS	605 E. HUNTINGTON DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	MONROVIA CA	2.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, BRUCE	3.2 NAME	
STREET ADDRESS	605 E. E. HUNTINGTON DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MONROVIA CA	3.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUGER, WILLIAM	4.2 NAME	
STREET ADDRESS	605 E. HUNTINGTON DRIVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	MONROVIA CA	4.4 CITY- ST- ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELAK, CYNTHIA	5.2 NAME	
STREET ADDRESS	650 E. HUNTINGTON DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	MONROVIA CA	5.4 CITY- ST- 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- ST- ZIP		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 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: *Cynthia Belak* 3/28/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
 System Phone # 0011271

CR2E034 (9/96)