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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90168 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000075741

1. Corporation Name
DATA RECOVERY LABS, INC.



Principal Place of Business Mailing Address
 24705 U.S. HIGHWAY 19 N., #312 24705 U.S. HIGHWAY 19 N., #312
 CLEARWATER FL 34623 CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1996

4. FEI Number Applied For
59-3407197 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **29296 US 19 North** 26 **29296 US 19 North**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **101** 27 **101**
 City & State City & State
 23 **Clearwater, FL** 28 **Clearwater, FL**
 Zip Country Zip Country
 24 **33761** 25 **USA** 29 **33761** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARP, ADAM D
 24705 U.S. HIGHWAY 19 N., #312
 CLEARWATER FL 34623

81 Name
Sharp, Adam D
 82 Street Address (P.O. Box Number is Not Acceptable)
29296 US 19 NORTH, #101
 83
 84 City
Clearwater FL 85 Zip Code
33761

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: *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **1/21/99**

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHARP, ADAM D	
STREET ADDRESS	24705 U.S. HIGHWAY 19 N., #312	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SHARP, ADAM D	
STREET ADDRESS	24705 U.S. HIGHWAY 19 N., #312	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHARP, DAVID A	
STREET ADDRESS	24705 U.S. HIGHWAY 19 N., #312	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sharp, Adam D.	
1.3 STREET ADDRESS	29296 US 19 N., #101	
1.4 CITY-ST-ZIP	Clearwater, FL 33761	
2.1 TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sharp, Adam D	
2.3 STREET ADDRESS	29296 US 19 N, 101	
2.4 CITY-ST-ZIP	Clearwater, FL 33761	
3.1 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sharp, David A	
3.3 STREET ADDRESS	29296 US 19 N #101	
3.4 CITY-ST-ZIP	Clearwater, FL 33761	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1/21/99**

DAYTIME PHONE #: **727-772-7455**

CR2E034 (11/98)