

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000053787 (2)
 1. Corporation Name
INTERNATIONAL DATA-COMP ARCHIVAL STORAGE SYSTEMS, LIMITED, INC.



Principal Place of Business 2455 E SUNRISE BLVD SUITE 502 FORT LAUDERDALE FL 33304	Mailing Address 2455 E SUNRISE BLVD SUITE 502 FORT LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3920 Riverland Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 3920 Riverland Rd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/18/1997	
22 City & State 23 Ft. Lauderdale, Fl.		27 City & State 28 Ft. Lauderdale, Fl.		4. FEI Number 65-0328762	
24 Zip 33312		25 Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33312		30 Country U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent SCHNITZER, GERALD S 2455 E SUNRISE BLVD SUITE 502 FORT LAUDERDALE FL 33304				7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent SCHNITZER, GERALD S 2455 E SUNRISE BLVD SUITE 502 FORT LAUDERDALE FL 33304				10. Name and Address of New Registered Agent	
81 Name John Gandia				82 Street Address (P.O. Box Number is Not Acceptable) 3920 Riverland Rd.	
83				84 City Ft. Lauderdale, Fl. FL	
85 Zip Code 33312				86	

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: John Gandia DATE: 4/27/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTO, FRANK	1.2 NAME	President
STREET ADDRESS	2455 E SUNRISE BLVD, STE 502	1.3 STREET ADDRESS	John Gandia
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	3920 Riverland Rd.
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Treasurer
STREET ADDRESS		2.3 STREET ADDRESS	George W. Pearson
CITY-ST-ZIP		2.4 CITY-ST-ZIP	2121 SW 52nd Ave.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Secretary
STREET ADDRESS		3.3 STREET ADDRESS	Anne M. Berube
CITY-ST-ZIP		3.4 CITY-ST-ZIP	3920 Riverland Rd.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Ft. Lauderdale, Fl.
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 in an attachment with an address.

SIGNATURE: John Gandia DATE: 4/27/98

CR2E034 (10/97)