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May 13, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P98000048318

1. Corporation Name

DATA-TECH CONSULTING SERVICES, INC ✓

Principal Place of Business	Mailing Address
105 TRALEE COURT LAKE MARY, FL 32746	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05-29-98

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3515002	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. *Certificate of Status Desired* ☐	**$8.75** Additional Fee Required
22		27			
City & State		City & State		6. *Election Campaign Financing* ☐	**$5.00** May Be
23		28		*Trust Fund Contribution*	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal	
24	25	29	30	Property Tax. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ORLANDO CAMARGO 105 TRALEE COURT LAKE MARY, FL 32746	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ORLANDO CAMARGO		1.2 NAME		
STREET ADDRESS	105 TRALEE COURT		1.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY, FL 32746		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

STF FL32381F.1

CR2E034 (11/98)