

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

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Feb 27, 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 # S54355

1. Corporation Name
DATASYS USA, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1840 BOY SCOUT DR
FORT MYERS FL 33907
US

Mailing Address
1840 BOY SCOUT DR
FORT MYERS FL 33907
US

3. Date Incorporated or Qualified
05/22/1991

4. FEI Number
65-0363033

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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
MCNEAR, GARY F
11454 WELLFLEET DR.
FT. MYERS FL 33909

10. Name and Address of New Registered Agent
81 Name MCNEAR, GARY F.
82 Street Address (P.O. Box Number is Not Acceptable)
11451 WELLFLEET DR
83
84 City FT MYERS FL 85 Zip Code 33908

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 GARY F. MCNEAR
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.
DATE 1-29-99

12. OFFICERS AND DIRECTORS

TITLE	CDT	<input type="checkbox"/> DELETE
NAME	MCNEAR, GARY F	
STREET ADDRESS	1517 SW 58TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONKLIN, CRAIG W	
STREET ADDRESS	3668 SE 5 CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FROSCENO, THOMAS L	
STREET ADDRESS	228 SW 26 TERR	
CITY-ST-ZIP	CAPE CORAL FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: G. F. MCNEAR 1-29-99 941-278-4878
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)