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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

1. Corporation Name 381500 (8)BST DATA SYSTEMS, INC. Principal Place of Business Mailing Address 5925 BENJAMIN CENTER DR. #110 5925 BENJAMIN CENTER DR. #110 P.O. BOX 23425 P.O. BOX 23425 DO NOT WRITE IN THIS SPACE **TAMPA FL 33623 TAMPA FL 33623** 3. Date Incorporated or Qualified 05/04/1971 2. Principal Place of Business 2a. Mailing Address 4 FFI Number Applied For 59-1348514 21 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt #, etc. 5, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name BALDOR, CARLOS 7605 OAKMOOR Street Address (P.O. Box Number is Not Acceptable) **B2** TAMPA FL 33634 83 84 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 re-instating) DATE Signature, typed or profed hance of registered agent and theid applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TITLE PDT TITLE BALDOR, CARLOS NAME 1.2 NAME 7605 OAKMOOR 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-S1-ZIP 14 CITY-ST-ZIP Change Addition DELETE DSV 21 THUE TITLE BALDOR, LIANA 2.2 NAME NAME 7605 OAKMOOR STREET ADDRESS 2 3 STREET ADDRESS tampa fl 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 31 TITLE TITLE BALDOR, CARLOS JR 3 2 NAME NAME 8721 HAMPDEN DR 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 34. CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE NAME BALDOR, JAVIER 4.2 NAME STREET ADDRESS 11802 MIDDLEBURY DR 4.3 STREET ADDRESS TAMPA FL 4.4 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 THLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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, dron an all achinent with an address. BALDUR 4/2/90

6.4 CITY-ST-ZIP