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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corpc	UMENT #	=	(0)							
DAI	A PROFESSIONAL	.5, INC.								
Principal Place of Business Mailing Address							וועה שונופר שנונו פרעוש ונוער ושנוע מונעה או	DIDII DIDI: Bi	DIA DIDIN BIDA	0)0): 100)
6566 N W 13TH CT				4549						
							3. Date Incorporated or Qualified 08/22/1978		te of Last F 2/1996	eport
2. Principal Place of Business			28. Mailing Address			4. FEI Number 59-1849175	Applied For Not Applicable			
25 Suite, Apt. #, etc. Suite, Apt. #, etc.										Additional
22			27				5. Certificate of Status Desired			equired
City &	State	City & State			6. Election Campaign Financing					
23		ountry	Zip	Col	intry		Trust Fund Contribution			to Fees
Ζφ 24	25	ountry	29 29	30	an ite y		This corporation has liability for Florida Statutes		tax under s ⊈N o	. 199.032,
[24]		Address of Current	Z9 I Registered Agent	[30]	1		10. Name and Address of New Re			
	SVENSSON, LARS (81	Name				
3935 N.W. 38TH TERRACE					82	Street Addr	ess (P.O. Box Number is Not Acceptate	ıle)		
LB						0				
	Lauderdale lake:	S FL 33309			83					
					84	City			85 Zip	Code
								FL		
11. Purs office	uant to the provisions of or registered agent, o	f Sections 607.0502 r both, in the State	2 and 607.1508, Florida St of Florida. Such change w	atutes, the a as authorize	d by	e-named corp v the corporat	poration submits this statement for the paid in its board of directors. I hereby acception's board of directors.	ourpose of of the appo	changing i sintment as	ts registered registered
ager	t I am familiar with, an	d accept the obliga	tions of, Section 607.0505	, Florida Sta	tutes	S.				
SIGNATU	JRE Shouther twent or neet	d name of registered ager	nt and little if applicable	NOTE Registere	d Age	ani signature regula	ed when reinslating)	DATE		
12.	O printer sylvania	OFFICERS AND		13.	<u> </u>	orn biginative rough	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	PD		DELETÉ	1,1 T	TLE				Change	Addition
NAME	SVENSSON, L			1.2 N	AME					
STREET ADD				1.3 \$	TREET	ADDRESS				
CITY - ST - ZI		LAKES FL				ST-ZIP			-	
TITLE	VD	41E E	☐ DELETE	2.1 T		-			Change	Addition Addition
NAML	SVENSSON, D			2.2 N						
SIREEL ADD	OF A STRATIONS					ADDRESS				
CITY-ST-ZI	STD	! L	DELETE	2.4 C		ST-ZIP			Change	Addition
NAME	SVENSSON, G	SLORIA G	La secure	3.2 N		1			- v-lunge	
STREET ADD						ADDRESS				
CITY-ST-ZII	LAUDEDDALE					ST-ZIP				
TITEE			DELETE	4.1 T					Change	Addition
NAME				4 2 1	VAME	1				
STREET ADD	RESS			4.3 S	TREET	ADDRESS				
C(TY - ST - Z)				4.4 C	ITY - 5	ST - ZIP				
TITLE			☐ DELETE	5.1 T	ITLE				☐ Change	Addition
NAME				5.2 N						
STREET ADD				5.3 S	TREET	ADDRESS				
City - S1 - Zi	,			540	A. 6	T 7/0				
			Delete			ST-ZIP			Chance	T Addition
TITLE			DELETE	6.1 TI 6.2 N	ITLE	51-217			Change	Addition

14. I do 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

6.4 CITY - ST- ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS City-St-ZiP

LARSGI FVENSSON, PRESIDENT

FILED

May 08 1997 8:00am

Secretary of State