

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

FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **622221** (0)  
1. Corporation Name  
**ASSOCIATED DATA CONSULTANTS, INC.**



Principal Place of Business <b>7040 W. PALMETTO PARK ROAD, STE. 2-284 SUITE 4 DROP 284 BOCA RATON FL 33433</b>	Mailing Address <b>7040 W. PALMETTO PARK ROAD, STE. 2-284 SUITE 4 DROP 284 BOCA RATON FL 33433-3407</b>
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3. Date Incorporated or Qualified <b>05/18/1979</b>	3a. Date of Last Report <b>05/17/1996</b>
4. FEI Number <b>59-1927441</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>7040 W. PALMETTO PARK ROAD</b> Suite, Apt. #, etc.	2a. Mailing Address <b>SAME</b> Suite, Apt. #, etc.
22 <b>SUITE 4 DROP 284</b> City & State	27 City & State
23 <b>BOCA RATON, FL</b> Zip Country	28 Zip Country
24 <b>33433</b> 25 <b>USA</b>	29 30

9. Name and Address of Current Registered Agent <b>BROWN, VIRGINIA S 8650 VILLAS DRIVE SOUTH BOCA RATON FL 33432</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, VIRGINIA S</b>		1.2 NAME	
STREET ADDRESS <b>8650 VILLAS DR. SOUTH</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>BOCA RATON, FL 0</b>		1.4 CITY - ST - ZIP	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, KENNETH E</b>		2.2 NAME	
STREET ADDRESS <b>8650 VILLAS DRIVE SOUTH</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>BOCA RATON FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>DOC</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, ROBERT J.</b>		3.2 NAME	
STREET ADDRESS <b>8650 VILLAS DRIVE SOUTH</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>BOCA RATON FL</b>		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
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 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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **R. J. BROWN - CHAIRMAN** 2/5/97 561-347-8284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)