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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 670064

(5)

DATA PRINT, INC.

SIGNATURE:

Principal Place of Business Mailing Address						T 188419 BILLI CADIL BAHL ABILA BILIN BIA	aton dian d	(BLI PERI) BIBIA I	BHOIL LEGI
14441 N. FLORIDA AVE. TAMPA FL 33613		14441 N. FLORIDA AVE. TAMPA FL 33613-2132							
					-	 Date Incorporated or Qualified 05/01/1980 		ate of Last R 27/1996	eport
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	oplied For
21		26				59-1996956			ot Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e e	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip	Coun	iry		8. This corporation has liability for	igtangible	tax under s	
24	g. Name and Address of Curren	[29]	30			Florida Statutes D. Name and Address of New Re		No	
DOT		r uafistaten wäeur		11 Name		U. Haine and Address Of New N	afisonor i	-Aeur	
	TINI, RICHARD V 1 N. FLORIDA AVE.					(P.O. Box Number is Not Accepta	bla)	·	
	PA FL 33613			<u>.</u>		(1.0, box Hombel is Not Accepta			
			8	13					
			8	14 City			FL	85 Zip	Code
agent. La SIGNATURE	egistered agent, or both, in the State or kamiliar with, and accept the obligations are traced or planted name of registerior age.		Florida Statu				DATE	CHILDREN I AS	1egiste(ed
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	-		1.1 TITL	E				☐ Change	Addition
NAME	MACKENZIE, RENEE A		1.2 NAME						
STREET ADDRESS	14441 N FLORIDA AVE		1.3 STREET ADDRESS		6				
CITY - ST - ZIP TITLE			1.4 CITY 2.1 TITL	'-ST-ZIP	 			Change	Addition
NAME	V [] DELETE BOTTINI, RENEE A			2.2 NAME				CT CHAINE	
STREET ADDRESS	14441 N. FLORIDA AVE.			 Eet address	,				
CITY - ST - ZIP	TAMPA, FL 00000		2. 4 CITY-ST-ZIP						
TITLE	P	☐ DELETE	3.1 TITLE		1	· · · · · · · · · · · · · · · · · · ·	ţ	☐ Change	Addition
NAME			3.2 NAM	IE					
STREET ADDRESS	14441 N. FLORIDA AVE.		3.3 STRI	3.3 STREET ADDRESS					
CITY - ST - ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL					Change	Addition
NAME			4. 2 NA)						
STREET ADDRESS				EET ADDRESS	5				
CITY-ST-ZIP TITLE		DELETE	5.1 TITL	- ST - ZIP F				Change	Addition
NAME		percit	5.2 NAM						
SIRSET ADDRESS			ŀ	IL EET ADORESS	,				
CITY-ST-ZIP				-ST-ZIP		4			
TITLE		DELETE	6.1 TITL		 		··· •·································	☐ Change	☐ Addition
NAME			6.2 NAM					-	
STREET ADORESS				EET ADDRESS	s				
					i				

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 arinual 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 12 if changed for on an attachment with an address.