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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F16911

1. Corporation Name

DATECON DEA

BATESO	IN HEALTY, INC.				
Principal Place	e of Rusiness	Mailing Address			OTOTA DEBTA OTOET DIMEN DIREN SOOI
844 COUNTRY		844 COUNTRY CLUB DRIVE			
N. PALM BEACH FL 33408 N. PALM BEACH FL 33408					
US US				DO NOT WRITE IN THIS	S SPACE
•				3. Date Incorporated or Qualifed	
				02/02/1981	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2056803	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State		A 511 0	\$5.00 May Be
City & Stat	le .	— ·		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	28	Country	This corporation owes the current year in	
— ·	[25]		10	Personal Property Tax.	☐ Yes XNo
24	9. Name and Address of Curre			10. Name and Address of New Registered	l Agent
	0. (10)		81 Name		
HAMBY, LOUIS L, III			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
321	ROYAL POINCIANA PLAZA	-	82 Street Addi	ress (F.O. Box Number is Not Acceptable)	
PAL	M BEACH FL 33480		83		
	No. 1 to 12 to 15				85 Zip Code
			84 City	F I	85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the above-named corp	eastion submits this statement for the purpose of	f changing its registered
	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Silch change was auf	norized by the corborati	on's board of directors. I hereby accept the appo	ointment as registered.
		galloris di, deddoll dor loddo, i lend	ou ordinates.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: P	tegistered Agent signature require		
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPVT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAMBY, JENNIE B.		1.2 NAME		
STREET ADDRESS	l .		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BEACH FL		1.4 CITY-ST-ZIP		Channa D Addition
TITLE	•	☐ DELETE	2.1 ΠTLE		☐ Change ☐ Addition
NAME			2.2 NAME		
, STREET ADDRESS	3		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Character Addition
TITLE		☐ DELETE	3.1 TITLE	- -	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	3		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE	}	□ DELETE	4.1 TITLE		Douguide Dividuosi
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	• •		44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		□ ouesião □ virgingii
NAME			5.2 NAME		
STREET ADDRESS	,		5.3 STREET ADDRESS		
CITY-ST-ZIP	ļ	□ pereze	5.4 CITY- ST- ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE	6.1 IIILE 6.2 NAME		Cloude Clycomot
NAME	1		6.2 NAME 6.3 STREET ADDRESS		
CTDEET ADDDESS					

6.4 CITY-ST-ZIP 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.

STREET ADDRESS

Wallennie B. Hamb