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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F49520

(2)

DIVERSIFIED DATA SYSTEMS, INC.

Principal Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



5227 BUCHANAN ROAD DELRAY BEACH FL 33484			5227 BUCHANAN ROAD DELRAY BEACH FL 33484-4209							
						1	Pate Incorporated or Qualified 0/13/1981	1	te of Last 26/199 6	
2. Principal Fi	lace of Business	26. Mailing Addre	ess			4, F	El Number			Applied For
21		26	26				59-2146743 Not Appl			Not Applicable
Suite, Apr. #, etc. 2		Suite, Apt. #,	Suite, Apt. #, etc.				Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	(:	City & State	⊢				ection Campaign Financing ust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country Zip Co				79 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
BOI	LINS, JOHN A			81	Name				.,	
5227 BUCHANAN RD DELRAY BEACH FL 33484				82	Street Add	et Address (P.O. Box Number is Not Acceptable)				
UEL	INTERCHOLICE SOFT			В3						
				84	City			FL	85 Zi	ip Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob-	ate of Florida, Such chan	ge was author	ized by	the corpora	rporation ation's bo	submits this statement for the ard of directors. I hereby account	purpose of ept the app	changing ointment) its registered as registered
SIGNATURE	#									
12.	Styriature, typical or punted name of registered	AND DIRECTORS	(NOTE: Regis		nt signature requ		instating) DITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	HS IN 12
		DE		.1 TITLE	·····				Change	
THE	PTD	L., DC							Cultural.	a CT Madebil
NAME	ROLLINS, JOHN A			.2 NAME						
STREET ADDRESS	5227 BUCHANAN RD				ADORESS					
CITY - S1 - ZIP	DELRAY BCH., FL 00000	The		4 CITY-S	T-ZIP				T Obsess	e Addition
Tille		DE		11 TITLE					Chang	e LJ Addition
NAME			2	2 NAME						
STREET ADORESS			2	3 STREET	ADDRESS					
CITY -ST - 7IP				4 City-	ST-ZIP					
T.TLE		[]] DE	LETE 3	1 TITLE	ļ				L Chang	e 🔲 Addition
NAME										
			3.	I.2 NAME						
STREET ADDRESS					ADDRESS					
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		DE	3.	1.3 STREET	1				☐ Chang	pe Addition
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Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under but, the Lam an officer of 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

MAN AN COLLISIO OF SIGNING OFFICER OR DIRECTOR

4/28/97 (561)498-2772 Date Date Dating Phone