

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F84434** (2)  
1. Corporation Name  
**NATIONAL DATA PRODUCTS, INC.**



Principal Place of Business Mailing Address  
**2145 CALUMET STREET**  
**CLEARWATER FL 34625**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **06/08/1982** 3a. Date of Last Report **06/19/1995**  
4. FEI Number **59-2194555** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DOGANIERO, PHILIP**  
**2145 CALUMET ST**  
**CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(If OFFICER, Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
P **DOGANIERO, PHILIP**  
**2832 CHELSEA PL N**  
**CLEARWATER FL**  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
T **LEMO, ANTHONY**  
**10733 CHAPMAN COURT**  
**SEMINOLE FL**  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
S **DOGANIERO, FRANK**  
**2832 CHELSEA PL N**  
**CLEARWATER FL**  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
V **BABNIK, MICHAEL**  
**1510 CHATEAU DE VILLE**  
**CLEARWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP  
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP  
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Anthony G. Lemo* **Anthony G. Lemo** 7/12/96 813-512-2520  
Daytime Phone #

CR2E034 (3/96)