

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F84750** (1)

1. Corporation Name

DATASTRUCT INC.



Principal Place of Business

**220 N.E. 1ST STREET
DELRAY BCH FL 33444**

Mailing Address

**220 N.E. 1ST STREET
DELRAY BCH FL 33444**

2. Principal Place of Business

2a. Mailing Address

21 State Apt #, etc

26 State Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ONNEN, JANET I.
2711 BOONE DRIVE
DELRAY BCH. FL 33483**

3. Date Incorporated or Qualified

06/10/1982

3a. Date of Last Report

01/13/1995

4. FEI Number

59-2198880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

220 N.E. 1st Street

83

84 City

Delray Beach

FL

85

33444

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of person who is authorized to sign this report

Signature of Registered Agent or person authorized to sign

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, STATE, ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, STATE, ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, STATE, ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, STATE, ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, STATE, ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, STATE, ZIP
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet I. Onnen

1/30/96

407-278-8362

CR2E034 (12/95)