

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

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **FG 3000001436**
 1. Corporation Name
DATAMAX BAR CODE PRODUCTS CORPORATION

Principal Place of Business 4501 Parkway Commerce Blvd. Orlando, FL 32808	Mailing Address 4501 Parkway Commerce Blvd. Orlando, FL 32808
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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	29. Country

3. Date Incorporated or Qualified 03/16/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 41-1741956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GRIMM, WILLIAM A.
 201 E. Pine Street, Suite 1200
 Orlando, FL 32802**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P/D Thomas E. Turner
STREET ADDRESS		1.3 STREET ADDRESS	4501 Parkway Commerce Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	T. Michael Janney
STREET ADDRESS		2.3 STREET ADDRESS	4501 Parkway Commerce Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D/C Marvin A. Davis
STREET ADDRESS		3.3 STREET ADDRESS	4501 Parkway Commerce Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S. Peter D. Orr
STREET ADDRESS		4.3 STREET ADDRESS	4501 Parkway Commerce Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D. Robert L. Wohlers
STREET ADDRESS		5.3 STREET ADDRESS	4501 Parkway Commerce Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100002156211
STREET ADDRESS		6.3 STREET ADDRESS	-04/28/97--01020--051
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***173.75

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 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.

SIGNATURE: **Peter D. Orr** April 14, 1997 (407) 578-8007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)