

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000001436 (5)
1. Corporation Name
DATAMAX BAR CODE PRODUCTS CORPORATION



Principal Place of Business Mailing Address
4501 PARKWAY COMMERCE BLVD.
ORLANDO FL 32808 4501 PARKWAY COMMERCE BLVD.
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

03/16/1993

4. FEI Number

41-1741956

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIMM, WILLIAM A
201 E. PINE ST., SUITE 1200
ORLANDO FL 32802

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TURNER, THOMAS E.
STREET ADDRESS 4501 PARKWAY COMMERCE BLVD.
CITY-ST-ZIP ORLANDO FL

TITLE T
NAME JANNEY, MICHAEL T
STREET ADDRESS 4501 PARKWAY COMMERCE BLVD.
CITY-ST-ZIP ORLANDO FL

TITLE DC
NAME DAVIS, MARVIN A
STREET ADDRESS 4501 PARKWAY COMMERCE BLVD.
CITY-ST-ZIP ORLANDO FL

TITLE S
NAME ORR, PETER D
STREET ADDRESS 4501 PARKWAY COMMERCE BLVD.
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME WEBER, JEFFREY A
STREET ADDRESS 630 FIFTH AVE., SUITE 2900
CITY-ST-ZIP NEW YORK NY 10111

TITLE D
NAME BENNETT, PETER
STREET ADDRESS 237 PARK AVE., 21ST FLOOR
CITY-ST-ZIP NEW YORK NY 10017

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 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

PETER D. ORR

3/31/98

(407) 578-8007

CR2E034 (10/97)