

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000002663 (3)**

1. Corporation Name

ON-LINE DATA PRODUCTS, INC.



Principal Place of Business

14255 N. 79TH STREET, SUITE #3
SCOTTSDALE AZ 85260

Mailing Address

14255 N. 79TH STREET, SUITE #3
SCOTTSDALE AZ 85260

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip County

24 Zip County

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip County

29 Zip County

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

02/13/1995

4. FEI Number

86-0688993

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

HALEY, KEVIN
664 CAYUGA AVE., NE
PALM BAY FL 32909-05

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 607.0102 and 607.1502, 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 607.0102, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE	CPS	<input type="checkbox"/> DELETE
12.2 NAME	MOORE, MARSHA L	
12.3 STREET ADDRESS	5909 E. WALTANN	
12.4 CITY, ST. ZIP	SCOTTSDALE AZ 85254	
12.5 TITLE	DVT	<input type="checkbox"/> DELETE
12.6 NAME	MOORE, RICHARD D	
12.7 STREET ADDRESS	5909 E. WALTANN	
12.8 CITY, ST. ZIP	SCOTTSDALE AZ 85254	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST. ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST. ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, the chairman of the board 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 in an alternate block address.

SIGNATURE:

Marsha L. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha L. Moore 2/10/96 602-483-3822
DATE TIME PHONE

CR2E034 (12/95)