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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000003577 (4)

1. Corporation Name  
ROTADATA TELECOMMUNICATIONS, INC.

Principal Place of Business

890 NORTHERN WAY  
SUITE F  
WINTER SPRINGS FL 32708  
US

Mailing Address

890 NORTHERN WAY  
SUITE F  
WINTER SPRINGS FL 32708-3880  
US

2. Principal Place of Business

21 1211 SEMORAN BLVD

Suite, Apt. #, etc.

22 SUITE 101

City & State

23 CASSELBERRY FL.

Zip

24 32707

Country

25 USA

2a. Mailing Address

26 1211 SEMORAN BLVD

Suite, Apt. #, etc.

27 SUITE 101

City & State

28 CASSELBERRY FL

Zip

29 32707

Country

30 USA

3. Date Incorporated or Qualified

07/30/1993

3a. Date of Last Report

02/13/1996

4. FEI Number

31-1002633

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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDP ☐ DELETE  
NAME TAYLOR, JOHN  
STREET ADDRESS BATEMAN ST., DERBY DE3 3JK  
CITY - ST - ZIP ENGLAND

TITLE VPDT ☐ DELETE  
NAME YORKE, ROBERT A  
STREET ADDRESS BATEMAN ST., DERBY DE3 6JK  
CITY - ST - ZIP ENGLAND

TITLE DVP ☐ DELETE  
NAME EDMUNDSON, BRIAN H  
STREET ADDRESS BATEMAN ST., DERBY DE3 8JK  
CITY - ST - ZIP ENGLAND

TITLE S ☐ DELETE  
NAME KOHLHEPP, WILLIAM G  
STREET ADDRESS 1200 CAREW TOWER  
CITY - ST - ZIP CINCINNATI OH 45202

TITLE VP ☐ DELETE  
NAME WOODRUFF, BILL  
STREET ADDRESS 890 NORTHERN WAY, SUITE F  
CITY - ST - ZIP WINTER SPRINGS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97 (407) 679-1274

CR2E034 (9/96)