## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F9400001748 (2)

DATA COMM SYSTEMS, INC. Principal Place of Business Mailing Address 135 NEWBURY ST 135 NEWBURY ST FRAMINGHAM MA 01701 FRAMINGHAM MA 01701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 04-2757370 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country  $Z_{\rm ID}$ This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PAPPAS, CONSTANTINE 81 Name 1690 SABAL PALM DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 1519 83 SANIBEL FL 33957-1519 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD DELETE Change TITLE 1.1 TILLE Addition PAPPAS, CHRISTOPHER NAME 1.2 NAME 21 PENDULUM PASS STREET ADDRESS 1.3 STREET ADDRESS HOPKINTON MA CITY-ST-ZIP 1.4 C(TY-ST-Z(P DELETE TITLE 2.1 TITLE Change Addition HUNDLEY, KIRK NAME 2.2 NAME **8 HARRIS ROAD** STREET ADDRESS 2.3 STREET ADDRESS **SOUTHBORO MA 01772** CITY-ST-ZIF 2.4 CITY-ST-ZIP CD DELETE TITLE Change Addition 3.1 TITLE PAPPAS, CONSTANTINE NAME 3.2 NAME 1690 SABAL PALM DRIVE (POB 1519) STREET ADDRESS 3.3 STREET ADDRESS SANIBEL FL 33957-1519 CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOTALE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 11148 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS

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 eath; 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. shy 100 1001/2 - 100

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**FILED** 

Sep 12 1997 8:00am

Secretary of State