

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

CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # F94000004512 (9)

1. Corporation Name

SYSTEMS/DATA LOOP, INC.

Principal Place of Business

Mailing Address

1807 BUCKTHORN LANE
SANIBEL, FLORIDA 33957

SAME AS PRINCIPAL PLACE
OF BUSINESS ADDRESS

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

24

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

08/30/94

05/01/95

4. FEI Number

52-1335398

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

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

BARBERA, SALVATORE J.
1807 BUCKTHORN LANE
SANIBEL, FLORIDA 33957

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 P/VC
NAME BARBERA, SUSAN L.
STREET ADDRESS 1807 BUCKTHORN LN, SANIBEL, FL 33957
CITY - ST - ZIP

TITLE CEO/C
NAME BARBERA, SALVATORE J.
STREET ADDRESS 1807 BUCKTHORN LN, SANIBEL, FL 33957
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME ☐ Change ☐ Addition
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME ☐ Change ☐ Addition
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME ☐ Change ☐ Addition
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME ☐ Change ☐ Addition
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME ☐ Change ☐ Addition
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME ☐ Change ☐ Addition
63 STREET ADDRESS
64 CITY - ST - ZIP

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***200.00

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 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: Susan L. Barbera (SUSAN L. BARBERA) 3/18/96 941-472-8476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #