

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90062 024 ***150.00

DOCUMENT # F94000004512

1. Corporation Name
SYSTEMS/DATA LOOP, INC.

Principal Place of Business

1807 BUCKTHORN LANE
SANIBEL FL 33957

Mailing Address

1807 BUCKTHORN LANE
SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 777 East Atlantic Ave

Suite, Apt. #, etc.

22 Suite 2-365

City & State

23 Delray Beach, FL

Zip

24 33483

Country

25 USA

2a. Mailing Address

26 777 East Atlantic Ave

Suite, Apt. #, etc.

27 Suite 2-365

City & State

28 Delray Beach, FL

Zip

29 33483

Country

30 USA

9. Name and Address of Current Registered Agent

BARBERA, SALVATORE J
1807 BUCKTHORN LANE
SANIBEL FL 22101

10. Name and Address of New Registered Agent

81 Name

BARBERA, SALVATORE J

82 Street Address (P.O. Box Number is Not Acceptable)

777 East Atlantic Ave

83

Suite 2-365

84 City

Delray Beach

FL

85 Zip Code

33483

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 PVC ☐ DELETE

NAME BARBERA, SUSAN L
STREET ADDRESS 1807 BUCKTHORN LANE
CITY-ST-ZIP SANIBEL FL 33957

TITLE CEOC ☐ DELETE

NAME BARBERA, SALVATORE J
STREET ADDRESS 1807 BUCKTHORN LANE
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Addition

777 East Atlantic Avenue
Suite Z-365
Delray Beach, FL 33483

☐ Addition

777 East Atlantic Avenue
Suite Z-365
Delray Beach, FL 33483

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 24, 99

561-330-0071

Date

Daytime Phone #

CR2E034 (11/98)