

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90063 049 ***150.00

DOCUMENT # F95000001528

1. Corporation Name

DATAMAX BUSINESS RESEARCH, INC.

Principal Place of Business
855 NE 20TH AVENUE, #120
204
FORT LAUDERDALE FL 33304
US

2. Principal Place of Business
21 4705 SW 62 AVE.
26 Suite, Apt. #, etc.
22 # 204
27 City & State
23 DAVIE FL
28 Zip
24 33314
25 Country USA
29 Zip
30 Country USA

2a. Mailing Address
26 4705 SW 62 AVE.

Suite, Apt. #, etc.
27 # 204

City & State
28 DAVIE FL

Zip
24 33314
25 Country USA
29 Zip
30 Country USA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1995

4. FEI Number
65-0562268
Applied For
Not Applicable

5. Certificate of Status Desired
□ \$8.75 Additional
Fee Required

6. Election Campaign Financing
□ \$5.00 May Be
Trust Fund Contribution
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.
□ Yes No

9. Name and Address of Current Registered Agent

LECLAIRE, DANIEL
4720 SW 62ND WAY
SUITE 203
FT LAUDERDALE FL 33314-4463

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME	LECLAIRE, DANIEL		4705 SW 62 AVENUE # 204 DAVIE FL 33314
STREET ADDRESS	855 NE 20TH AVENUE #120		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
STREET ADDRESS			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	
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TITLE		<input type="checkbox"/> DELETE	
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 any address, with all other like empowered.

SIGNATURE: *Daniel LeClaire* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

(954) 879-6502

Date

Daytime Phone #

CR2E034 (11/98)