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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003870 (1)

1. Corporation Name

CARIBBEAN DATA SERVICES, LTD. CORPORATION



Principal Place of Business

4333 AMON CARTER BLVD., MD 5675
FT WORTH TX 76155

Mailing Address

4333 AMON CARTER BLVD., MD 5675
FT WORTH TX 76155

3. Date Incorporated or Qualified
08/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the person signing this statement

Signature typed or printed name of the person signing this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DC
CRANDALL, ROBERT L
4333 AMON CARTER BLVD., MD 5675
FT WORTH TX 76155

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
BAKER, ROBERT W
4333 AMON CARTER BLVD., MD 5675
FT WORTH TX 76155

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
CARTY, DONALD J
4333 AMON CARTER BLVD., MD 5675
FT WORTH TX 76155

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
GAINES, ROBERT K
4333 AMON CARTER BLVD., MD 5675
FT WORTH TX 76155

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VT
JACKSON, JEFFERY M
4333 AMON CARTER BLVD., MD 5675
FT WORTH TX 76155

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
MARLETT, CHARLES D
4333 AMON CARTER BLVD., MD 5675
FT WORTH TX 76155

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 12. NAME ☐ Change ☐ Addition

13. STREET ADDRESS ☐ Change ☐ Addition

14. CITY-ST-ZIP

1. TITLE 2. NAME ☐ Change ☒ Addition

13. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE 32. NAME ☐ Change ☐ Addition

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE 42. NAME ☐ Change ☒ Addition

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE 52. NAME ☐ Change ☐ Addition

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE 62. NAME ☐ Change ☐ Addition

63. STREET ADDRESS

64. CITY-ST-ZIP

Director
Garard J. Arpey
4333 Amon Carter Blvd, MD 5675
Ft. Worth, TX 76155

President
Lauri L. Lurhs
4333 Amon Carter Blvd, MD 5675
Ft. Worth, TX 76155

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1996 817-967-1254

CR2E034 (12/95)