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

DOCUMENT # **F97000005197**1. Corporation Name

DATATWEAK, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90028 026 ***158.75



Principal Place of Business Mailing Address						-	ANITA NEKOL UKINI 11018 I	10111 1010 10101	
9004 VICKSBURG ROAD		9004 VICKSBURG ROAD	-					•	
SPRING HILL FL 34608		SPRING HILL FL 34608	SPRING HILL FL 34608			DO MOT IMPLIES IN THE OPLOS			
						DO NOT WRITE IN 3 3. Date Incorporated or Qualified	HIS SPACE		7
						10/03/1997			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For	١.,
21	lace of Business	26	. Weiling Address			59-3473114		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A		10
22		27	27			5. Certifcate of Status Desired	Fee Re	quired	_
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	o Fees	1
Zip	Country	Zip	_ Cou	ntry		8. This corporation owes the current year	ır Intangible	4	
24	25	29 30	0	r		Personal Property Tax.		Mo	-
	9. Name and Address of Curre	ent Registered Agent		81 Na	ame	10. Name and Address of New Register	rea Agent		1
WOL	FE, LARRY			" "	ariic				
	A JOHN KNOX ROAD			82 St	reet Addres	ss (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32303-6643				83			THE A DISCHALL	S** 55 (83)	1
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				84 Ci	ty	The second secon	85 Zip C	ode	
11 Durquant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statutes	the a	hove-nai	med como	ration submits this statement for the purpos	e of changing its	registered	1
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was auth	rorized	by the	corporation	's board of directors. I hereby accept the a	ppointment as req	gistered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	a Stat	utes.					
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable. (NOTE: Re	egistered	Agent signs	ature required v	when reinstating) // DAT	<u> </u>		ے ا
12.		AND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	ع ا
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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 of the peciver 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 attagment with an address, with all other like empowered.

SIGNATURE: