


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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90128 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G19679**

1. Corporation Name  
**UNITED DATATRONICS, INC.**

Principal Place of Business 1605 E PLAZA DR STE 102 TALLAHASSEE FL 32308 US	Mailing Address P O BOX 5498 TALLAHASSEE FL 32314 US
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DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified <b>01/21/1983</b>	
4. FEI Number <b>59-2285914</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CROMER, RAY E., JR.**  
**440 N MONROE ST**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	ENFINGER, WILLIAM
STREET ADDRESS	440 N MONROE ST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	CROMER, RAY E JR
STREET ADDRESS	440 N MONROE ST
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	DC <input type="checkbox"/> DELETE
NAME	HOLLAND, D A
STREET ADDRESS	440 N MONROE ST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	TAYLOR, BEVERLY
STREET ADDRESS	440 N MONROE ST
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	TD <input type="checkbox"/> DELETE
NAME	PAYNE, DORIS
STREET ADDRESS	440 N MONROE ST
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	MAYFIELD, M THOMAS
STREET ADDRESS	440 N MONROE ST
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 an address, with all other like empowered.

SIGNATURE: *Beverly O. Taylor* Beverly O. Taylor, VP 4/14/99 850-942-9186  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)