## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	Ħ
1. Corporation Name	''

H08733

(8)

DATA INTERNATIONAL SYNERGISTIC COMPANY, INC.

DATA HATEMANIONAL OTREMONOTIO COMITANTI INC.					
Principal Place o	Business	Mailing Address		i (#218) A(ti 8818) (Bi) ( 1844 ) biod	ille Bille Bille Athie Albie Bille Bente Arbeit idat
		3800 PROGRESS BL MOUNT DORA FL 33			
				3. Date incorporated or Qualified 06/20/1984	3a. Date of Last Report 09/07/1995
2. Principal Plac	e of Business	2a. Maiing Address		4. FEI Number	Applied For
21		26		59-2395772	Not Applicable
Suite, Apt. #,	etc.	Suite Apt #, etc		5. Certificate of Status Desired [	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for inta	
24	25	29	30	Florida Statutes Yes  10. Name and Address of New Reg	
	9. Name and Address of Current F	legistered Agent	81 Name	10. Name and Address of New Neg	Istered Wilder
14701 700	DODERT V				
	r, robert K. Rogress Blvd.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	DORA FL 32757		83		
moon,	90(5)(72 02/0)		84 City		85 Zip Code
				oration submits this statement for the purpo	FL
SIGNATURES	ogsature tyrestoriji intetrino rudingi teretaka i tak OFFICERS AND I PD		11. Seg. Sreit Agent segrature to an 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition
NAME	WELTER, R.K.		1.2 NAME		
STREET ADDRESS	1819 MORRIS ST.		1.3 STREET ADDRESS		
CITY-S1-ZIP	EUSTIS FL		1.4 CITY - ST - ZIP		
TIFLE	SD	DETETE	2 1 TIILE		Change Addition
NAME	MARGARET A. PARENT		2.2 NAME		
STREET ADDRESS	3800 PROGRESS BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MOUNT DORA FL 32757 D	DELETE	24 G/IY-SI-Z/P 3 1 TitlE		Change Addition
NAME	WELTER, MELINDA	<u></u>	3 2 NAMÉ		
STREET ADDRESS	1819 MORRIS ST.		3.3 STREET ADDRESS		
CITY - ST - ZIP	EUSTIS FL		3.4 CITY-ST-ZIP		
TIFLE	TD	☐ DELETE	4 1 T-TEF		Change Addition
NAME	ROBERT K. WELTER III		4.2 NAME		
STREET ADDRESS	1918 MORRIS ST.		4 3 STREET ADDRESS		
CITY - ST - ZIP	EUETIS FL 32726	DELETE	4.4 CHY+ST 2IP 5.1 TOLE		Change Addition
TITLE	D Michael S. Welter	☐ percie	5 2 NAME		<u> </u>
NAME STREET ADDRESS	3800 PROGRESS BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		5.4.C-TY - ST - Z-P		
TITLE	D	☐ DELETE	6 1 TITLE		Change Addition
NAME	ROBERT K. WELTER SR.		6.2 NAME		
STREET ADDRESS	3800 PROGRESS BLVD.		6.3 STREET ADDRESS		
t	MOUNT DODA DU MASS?		■		

MOUNT DORA FL 14. I do hereby certify that the information certify that the information indicated on oath; that I am an officer or director diappears in Block 12 or Block 13 if ch initarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further mental annual report is true and accurate and that my signature shall have the same legal effect as if made under a or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

IE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)