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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H14398

LANDATA, INC. OF FLORIDA

(2)

**FILED** Apr 30 1997 8:00am Secretary of State

]

Principal Place of Business Mailing Address					#	DIDII DIDII TERN EIDII DI	BII BIAII IDDI		
8401 CYPRESS STREET 3401 CYPRESS STREET STE. 203 TAMPA FL 33607 TAMPA FL 33607-5040 US		•.							
					3. Date Incorporated or Qualified 07/30/1984 3a. Date of Lasi Rep 04/02/1996				
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add					4. FEI Number 59-2446552		Applied For Not Applicable		
Sulte, Apt. #, etc.         Suite, Apt. #, etc.           22         27					5. Certificate of Status Desired	1 1 7	Additional Required		
City & State City & State 28					Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees		
Zip 24	Country 25	Zip 29	Zip Countr			8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Agent		
YEA	AGER, THOMAS J., ESQ.		1	B1 Name	!				
164	5 PALM BEACH LAKES BLVD.		-  -	32 Street	Addres	ss (P.O. Box Number is Not Acceptab	ie)		
8TE. 1200 W. Palm Beach Fl 33402			_	33		The contract of the vice plan			
1			-				····		
•				64 City			FL 85 Zi	p Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-nar office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					d corpor poratio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of changing If the appointment a	its registered as registered	
SIGNATURE	Signature, typed or printed name of registered agen				c required	when reinstating)	DATE		
12.	OFFICERS AND	· <del> </del>	13.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDITIONS/CHANGES TO OFFIC		DRS IN 12	
TITLE	PDC	DELETE	1.1 101	E	DC		Change		
NAME	SPANIOL, GERALD S., JR.		1.2 NAN	A E	Sn	aniol, Gerald S.	Tr.		
STREET ADDRESS City-St-Zip	3401 CYPRESS STREET, STE. TAMPA FL	203		EFT ADDRESS (-St-ZIP	34 Ta	01 Cypress St., smpa, FL	ste. 203		
TITLE	D	DELETE	2.1 Tril				Change	Addition	
NAME	HIÇKMAN, HAROLD E		2.2 NAN				C Change	,	
STREET ADDRESS	3401 CYPRESS STREET			EFT ADDRESS				]	
CITY-ST-ZIP	TAMPA FL		ı	Y - S1 - ZIP					
TITLE	V	DELETE	3.1 TITL		<del> </del>		☐ Change	Addition	
NAME	ROBERTS, LAURA L.		3.2 NAN						
STREET ADDRESS	3401 CYPRESS STREET, STE.	203		EE1 ADDRESS					
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP					
TITLE	T	DELETE	4.1 1111		1		Change	Addition	
NAME	Martel, Albert e		4. 2 NAI	ΝE				ľ	
STREET ADDRESS	3401 CYPRESS ST SUITE 203		4.3 STR	EET ADDRESS				ŀ	
CITY-ST-ZIP	TAMPA FL		4.4 CiTY	'-ST-ZIP					
TITLE	S	<b>▼</b> DELETE	5.1 TITU	E	JP.		Change	Addition	
NAME	MALATINO, AMY		5.2 NAN	IE		rabello, James			
STREET ADDRESS			53 STR	EE1 ADDRESS	34	Ol Cypress St., s	te 203		
CITY-ST-ZIP	TAMPA FL		5.4 C(T)	'-\$1-ZIP	Tar	mpa, FL			
TITLE	D	☐ DELETE	61 THL	F			Change	Addition	
NAME	YEAGER, THOMAS J.		62 NAM	IE					
STREET ADDRESS	1645 PALM BCH LAKES BLVD		6.3 STR	eet address					
CITY-ST-ZIP	W PALM BCH FL		6.4 CITY	-SI-ZIP					

14. I do 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 configuration or try 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 an applicachment with an address.