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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H96609

(3)

CENTRAL FLORIDA DATA SUPPLY, INC.

Principal Place of Business Malling Address										
•	RD BLDG C-35 (32802)	2500 FORSYTH RD BLD P.O. BOX 2086 (32802)	2500 FORSYTH RD BLDG C-35							
					3. Date Incorporated or Qualified					
2. Principal P	tace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			oplied For]
n		26				59-2664236	Not Applicable			
Suite, Apt. #, etc.		Suite Apt. #, etc. 27	Suite Apt. #, etc.			5. Certificate of Status Desired	Desired S8.75 Additional Fee Required			
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution	["]	\$5.00		
		Zip 29	70 Cot	Country		8. This corporation has liability for				
24	9. Name and Address of Curren		30	Τ		10. Name and Address of New Re				\dashv
HAR	VEY, PAUL ROBERT			81	Name					1
4309	PROANNE DRIVE ANDO FL 32817				Street Add	ress (P.O. Box Number is Not Acceptable)				
ONEXAIDO LE 02017				83						1
				84	City FL 85				Code	1
SIGNATURE	portsmiliar with, and accept the oblig Full Hasku Signation typed or particularities of registered ag	Margard breathapt beable (A	IOT: Registere			ired when reinstating)	1/6/ DATE	97		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13. 1.1 T			ADDITIONS/CHANGES TO OFFIC	CERS AND	D DIRECTOR Change	RS IN 12	-\8
TITLE NAME	DPT Harvey, Paul R							Change	Audmion	16
STREET ADDRESS	4309 ROANNE DRIVE			1.2 NAME 1.3 STREET ADDRESS						8
CITY-SI ZIP	ORLANDO FL 32817				r-ZIP					18
TITLE	DSV	☐ DELETE						Change	Addition	70
NAME	HARVEY, PAULA			IAME						
STREET ADDRESS	4309 ROANNE DRIVE		-		ADDRESS					
CITY-ST-ZIP TITLE	ORLANDO FL 32817	DELETE	2.41 31 T	DITY-S	T-ZIP			Change	Addition	\dashv
NAME			3.2 1		Ì					
STREET ADORESS					ADDRESS					
CITY-ST ZIP			3.4.	CITY-S	T-ZIP					
TITLE		DELETE	4.1 [Change	Addition	
NAME				NAME	1					1
STREET ADDRESS				-	ADORESS					
CITY-ST ZIP TITLE		DFLETE		HY-S	I - ZIP			Change	Addition	
NAME		(_) OFFICE		5.1 TITLE 5.2 NAME				viidige		
STREET ADDITION					ADDRESS					
C-TY - ST - 7IP	į		1	CITY- S	ì					1
TITLE		DELETE	6.1 1	ITLE				☐ Change	Addition	
NAME			621	IAME						
STREET ADDRESS			635	TREET	ADDRESS					

14. If do hereby certify that the information supplied with this lifting 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 suppliemental 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 furstee 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.

Havren