FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Feb 05 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name H96609 (3)CENTRAL FLORIDA DATA SUPPLY, INC. Principal Place of Business Mailing Address 2500 FORSYTH RD BLDG C-35 2500 FORSYTH RD BLDG C-35 P.O. BOX 2086 (32802) P.O. BOX 2086 (32802) DO NOT WRITE IN THIS SPACE ORLANDO FL 32807 ORLANDO FL 32807 3. Date Incorporated or Qualified 01/29/1986 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 2500 Forsyth P.O. Box 2086 21 59-2664236 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing FIA. FIA Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 2807 บีรA Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name HARVEY, PAUL ROBERT 4309 ROANNE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITI F DELETE 1.1 TITLE Change Addition NAME HARVEY, PAUL R 1.2 NAME 4309 ROANNE DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE DSV 2.1 TITLE HARVEY, PAULA NAME 2.2 NAME 4309 ROANNE DRIVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP 2, 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS CITY - ST- ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

DER HANDET REPART R. HARVEY SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1/28/92

(407)678.3282

Change

Addition

CR2E034