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

Jan 23 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J21564 (6)U.S. DATATRON, INC. Principal Place of Business Mailing Address 8895 MILLTARY TRAIL P O BOX 30605 SUITE 302C DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33420 3. Date Incorporated or Qualified 06/27/1986 2. Principal Place of Business 2a. Mailing Address 26 P.O . Boy 30605 4. FEI Number Applied For 05-4289071 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HIRSCH, MELVYN 4335 ELM AVE. 82 PALM BEACH GARDENS FL 33410 83 84 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 little if applicable (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE DELETE 1.1 TITLE Chairman HIRSCH, MELVYN NAME 1.2 NAME 4335 ELM AVE STREET ADDRESS 1.3 STREET ADDRESS PALM BCH GARDENS FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE GASN HARVEY V. NAME 2.2 NAME 47 HAVEMEYER LN. 2.3 STREET ADDRESS STREET ADDRESS COMMACK, NY 11725 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Director Addition TITLE 3.1 TITLE CASSON, DAVID NAME 3.2 NAME 270 BRONXVILLE RD STREET ADDRESS SHISTHEFT AUDRE BRONXVILLE NY 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 THILE aristohn Dance Rd. East COHN, GARY R NAME 4.2 NAME 10253 HUNT CLUB LANE STREET ADDRESS 4.3 STREET ADDRESS Beach /randens ralm bch garden fl CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE \_\_\_ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-S1-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 an appatrachment with an address.

FILED