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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

J56030

(6)

DOCUMENT #

1. Corporation Name DATASEC, INC.



** MARAINE DETZEL 40 DOLC ORCH. CASSELBERRY FL 32/07 2. Principal Rode of Business 2. Making Actives 36 Surfa, Act # off. 36 Surfa, Act # off. 37 Control & Surfa, Act # off. 38 Surfa, Act # off. 39 Country 40 Country 40 Country 40 Country 40 Country 40 Country 50 Name and Address of Current Registered Agent 51 Name DETZEL MARAINNE 40 DETZEL MARAINNE 40 CASSELBERRY FL 32/07 40 Country 40 Country 51 Name 40 Country 52 Surfa, Act # off. 53 Name 40 Country 54 Country 55 New Address (P.O. Six Number or Surface) 56 Surfa, Act # off. 57 Control of Status for Intendable for university in 196 Oct. 58 Surfa, Act # off. 59 Control of Status for Intendable for university in 196 Oct. 50 Country 50 Name and Address of Current Registered Agent 50 Name and Address of Current Registered Agent 51 Name 52 Street Address (P.O. Six Number or Nut Acceptable) 53 Control of Status for Intendable for university in 196 Oct. 54 Country 55 Surfa, Act # off. 56 Evection Campagn Favorable Address (P.O. Six Number or Nut Acceptable) 57 Surfa, Address (P.O. Six Number or Nut Acceptable) 58 Surfa, Act # off. 58 Sur	Principal Place of Business Mailing Address									
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2. Principal Piece of Business 2a. Mailing Address 25	400 EAGLE (CIRCLE	400 EAGLE	400 EAGLE CIRCLE						
2	CASSELBERF	RY FL 32707	CASSELBER				 Date Incorporated or Qualified 02/10/1987 			
Suite, April # etc.	2 Principal Plac	ne of Business	2a. Mailing Add	ress						Applied For
Sure, April a ele. Sure, April a, ele. 27 7 7 7 7 7 7 7 7	<u></u>	ge of Boomes	26				59-2764791			Not Applicable
27		, etc.	Suite, Apt	#, etc			5. Certificate of Status Desired		T	
Trust Fund Contribution Added to February 20	2						C Float on Convenien Emage.			
Zep	 -	City & State		1				1 1		
Solution				Zio Country				intangible ta	ax under s	199.032,
DIETZEL, MARIANNE 400 EAGLE CIRCLE CASSELBERRY FL 32707 81	_	·	h	F-n	,		Floeda Statutes X Ye	s 🗌 No		
DETZEL, MARIANNE 400 EAGLE CIRCLE CASSELBERRY FL 32707 80 City FL 85 Zip Code 11. Pursuant in the previouse of Sections 627 0670 and 607 1608. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Elevida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 18 familiar with and accept the displacement. Science 627 0670 and 607 1608. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. 18 familiar with and accept the displacement. Science 670 of State of Elevida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. 18 familiar with an accept the displacement. Science 670 of State of Elevida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. 18 familiar with a population of the purpose of changing its registered agent. 18 familiar with a population of the purpose of changing its registered agent. 19 familiar with a population of the purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a population of the purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a purpose of changing its registered agent. 19 familiar with a purpose of changing i	11	1 = -1		t		,	10. Name and Address of New	Registered	Agent	
400 EAGLE CIRCLE CASSELBERRY FL 32707 83 September 1					81	Name				
B3	DIETZEL, MARIANNE					Street A	ldress (P.O. Box Number is Not Acceptable)			
TIT. Pursuant to the provisions of Sections 607.0000 and 607.1508. Hands Stabilities, the above named comporation submits this statement for the purpose of changing its registered againt, or both, in the State of Ecolor Such change was authorized by the comporation's board of directors. Thereby accept the appointment as registered againt, or some comporation's board of directors. Thereby accept the appointment as registered againt, or some comporation's board of directors. Thereby accept the appointment as registered againt, to some comporation's board of directors. Thereby accept the appointment as registered againt, to some comporation's board of directors. Thereby accept the appointment as registered againt, to some comporation's board of directors. Thereby accept the appointment as registered againt, to some comporation's board of directors. Thereby accept the appointment as registered againt, to some comporation's board of directors. Thereby accept the appointment as registered againt, to some comporation's board of directors. Thereby accept the appointment as registered againt, to some comporation's board of directors. Thereby accept the appointment as registered againt, to some comporation's board of directors. Thereby accept the appointment as registered againt, to some comporation and the appointment as registered againt, to some comporation and the appointment as registered againt, to some comporation and the appointment as registered again, to some comporation and the appointment as registered againt, to some comporation and the appointment as registered again, to some comporation and the appointment as registered again, to some comporation and the appointment as registered again, to some comporation and the appointment as registered again, to some comporation and the appointment as registered again, to some comporation and the appointment as registered again, to some comporation and the appointment as registered again, to some comporation and the appointment as registered again, to some comporation					-					
11. Pursuant to the provisions of Sections 602.05.00 and 607.1508. Haridia Statutes, the above named corporation submits this statement for the purpose of changing its registrate or registered agent, or both, in the State of Ecolo. Such change was authorized by the above named corporation's board of directors. Thereby accept the appointment as registered agent. 12	CASSE	LBERRY FL 32707			83					
11. Pursuant to the provisions of Sections 602.0509 and 607.1508, Horids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Earla's Statutes and accept the obligations of Section 130.0505, Founds Statutes SIGNATURE System burst provisions of Section 130.0505, Founds Statutes SIGNATURE 12. OFFICEFIS AND DIRE CLORS 13. ADDITIONS CHANGES TO OFFICEFIS AND DIRE CLORS 11. IDIT 12. OFFICEFIS AND DIRE CLORS 13. ADDITIONS CHANGES TO OFFICEFIS AND DIRE CLORS IN 12 THE DIFFICURE AND DIRE CLORS IN 12 THE DIFFICURE AND DIRE CLORS 15. ADDITIONS CHANGES TO OFFICEFIS AND DIRE CLORS IN 12 16. IDIT AND ADDITIONS CHANGES TO OFFICEFIS AND DIRE CLORS IN 12 17. ADDITIONS CHANGES TO OFFICEFIS AND DIRE CLORS IN 12 18. ADDITIONS CHANGES TO OFFICEFIS AND DIRE CLORS					84	City			85 Zr	p Code
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Dietzel, Marianne 12 name 13 street address 400 EAGLE CIR 14 ctrv-st-zip 14 ctr										
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STREET ADDRESS CITY-ST-ZIP 6 4 CITY-ST-ZIP 6 4 CITY-ST-ZIP 6 4 CITY-ST-ZIP 14. Lido hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further than the same legal effect as if made upon the same legal eff	CHTY - ST - ZIF THEE NAME				6 2 NAM				[] Citalige	,

rounereby certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 (407)645-4624

CR2E034 (12/95)