

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J70351 (8)

1. Corporation Name

COLDATA, INC.



Principal Place of Business

% WILLIAM KREINER  
5444 BAY CENTER DRIVE. #216  
TAMPA FL 33609

Mailing Address

% WILLIAM KREINER  
5444 BAY CENTER DRIVE. #216  
TAMPA FL 33609

3. Date Incorporated or Qualified

04/30/1987

3a. Date of Last Report

05/02/1995

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

4. FEI Number

58-1736905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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 Registered Agent

KRIENER, WILLIAM  
5444 BAY CENTER DRIVE.  
STE. 216  
TAMPA FL 33609

81	Name	SCOTT HARDISON
82	Street Address (P.O. Box Number is Not Acceptable)	5444 Bay Center Drive
83		Ste 216
84	City	Tampa
85	Zip Code	33609

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]*

SCOTT HARDISON

4/24/96

(Signature of agent or printed name of registered agent and the applicable date)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP
P	SCHWARTZ, RUVIN	926 LAWRENCE COURT	NORTH WOODMERE NY				
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\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

DON

516-561-1058  
SG-4-29-96

CR2E034 (12/95)