SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09044

(4)

1. Corporation	n Nam e	" NUSU4	4	(4)							
BRYTEC	H DATA	, INC.									
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	<u> </u>										
Principal Place	e of Busines	s	Mailing Ac	Mailing Address				4 regigitit and antita leift antiti ofbil did	N WIWIT WISH		H BIBH IBŞI
% PATRICIA A. STORLIE				% PATRICIA A. STORLIE							
1402 S.E. 40 TERRACE OCALA FL 34471				1402 S.E. 40 TERRACE OCALA FL 34471				DO NOT WRITE IN THIS SPACE			
CONDA TE CT	** *		OORDA TE	DONER TE OTHER				3. Date Incorporated or Qualified 3a. Date of Last Report			
								12/22/1987	08.	/08/,1996	
2. Principal Pl	ace of Busin	iess	2a. Mailing	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		 	26					59-2942041			ot Applicable
Suite, Apt. :	#, etc.		-	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
City & State			27 City 8	City & State						Fee Re	
23	•		-	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country				Zip Cou				8. This corporation owes or has pa			
24	25		29			30		Personal Property Tax due June	_		J No
	9, Name	and Address of Curre	nt Registered A					10. Name and Address of New Re	gistered A	Agent	
STORLIE, PATRICIA A.]1	81	Name				
	2 S.E. 40						Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
OC/	ALA FL 344	471									
]	83					į
						84	City			85 Zip (Code
							··· , ···		<u>FL</u>		
office or re	io ine provis egi ste red ag	ions of Sections 607.050 jent, or both, in the State	e of Florida. Such	, Florida Statu i change was	es, the ab authorized	ove i by	named corpo the corporation	pration submits this statement for the pon's board of directors. I hereby accep	urpose of at the app	changing it ointment as	s registered registered
agent. I ar	m fam iliar wi	th, and accept the oblig	ations of, Sectio	n 607.0505, FI	orida Statu	ites.	•	· ·			
SIGNATURE	Signature, typod	or printed name of registered ap-	ent and title if applicab	e (NO	E. Booistored	Agen	ol signature require	d when reinstating)	DATE	 	
12.			D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	D			DELETE	1.1 TITE	LF				Change	Addition
NAME STORLIE, PATRICIA A.				1.2 NAM							
STREET ADDRESS 1402 S.E. 40 TERR.				1.3 STE			ADDRESS				
CITY-ST-ZIP				1.4 C			- ZIP				
TALE	D			☐ DELETE 21 TO						Change	☐ Addition
NAME		, DANNY L.		2.2 N/							
STREET ADDRESS	4444						ADDRESS				
CITY-ST-ZIP	D	<u> </u>		DELETE	2. 4 CIT 3.1 TITL		I - Z(P			Change	Addition
NAME	_	, BRYAN L			3.2 NAM					L_ Change	Addition
STREET ADDRESS		E. 40 TERRACE					ADDRESS				
CITY-ST-ZIP	OCALA I				3.4. CIT						
TITLE	V V/			DELETE	4.1 T(T)					☐ Change	☐ Addition
NAME					4. 2 NA	M£					
STREET ADDRESS					4.3 STR	REE1 A	ADDRESS				
CITY-ST-ZIP					4.4 CIT	Y - ST	- 71P				
TITLE				☐ DELETE	5.1 T(T)	LE			<u> </u>	Change	Addition
NAME					5.2 NAM	ME					
STREET ADDRESS					5.3 STR	REE1 A	ADDRESS				1
CITY-ST-ZIP				DECETE	5.4 CIT		- ZIP			1 0	1,2,200.
TITLE				DELETE	6.1 TITL					L Change	☐ Addition
NAME CTOTET ADODESS					6.2 NAM		, DDDFGG				
STREET ADORESS				6.3 STREET							İ
CITY-ST-ZIP					6.4 CIT	1-SI	- 212				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

DIGHT KITTLE AS ELLAND

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FILED

Aug 15 1997 8:00am

Secretary of State