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

Mailing Address

C/O RALPH PRESTON

PLANTATION FL 33324

77 NW 98 TERRACE

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K16999

C V C DATA INC.

Principal Place of Business

C/O RALPH PRESTON

PLANTATION FL 33324

77 NW 98 TERRACE

					03/03/1988			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u></u>	plied For	
21	26				65-0032415		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Required			
27     27					6. Election Campaign Financing	\$5.00	May Be	
					Trust Fund Contribution	Added to	o Fees	
Zip			Country		8. This corporation owes the current year	Intangible		
<del>- ,</del> '	25 29 30		30		Personal Property Tax.   ☐ Yes    No			
24	9. Name and Address of Current	144	<del></del>	_	10. Name and Address of New Register	ed Agent		
<del>,</del>	3. Italie and Addices of Culture	3	81	Name				
PRESTON, MARCIA 77 NORTHWEST 98TH TERRACE				The state of the s				
				82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			83				3.3.3, 1731	
			00					
			84	City		85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose	: or changing its inointment as re	registered aistered	
-45	egistered agent, or both, in the State on familiar with, and accept the obligation	nt Florida. Such change was au	iliiorizeu ov	the corporation	on's board of directors. I hereby accept the ap	pointinon do los	9.000	
_ agent. i ai	m tarminar with, and accept the obligat	ions of, occasin contactor, to						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agen	t signature require	d when reinstating) DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition	
	PRESTON, RALPH		1,2 NAME			•		
NAME	77 NW 98 TERRACE		1.3 STREE	ADDRESS				
STREET ADDRESS			1.4 CITY-S					
CITY-ST-ZIP	PLANTATION FL	☐ DELETE	2.1 TITLE	1-21		☐ Change	Addition	
TILE			ı				•	
NAME			2.2 NAME					
STREET ADDRESS				FADDRESS			-	
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP		Change	Addition	
TIFLE			3.1 TITLE			Griange		
NAME	· · · · ·		3.2 NAME					
STREET ADDRESS	3.3		3.3 STREE	TADDRESS			4.2	
CITY-ST-ZIP	3.4.		3.4. CITY-5	ST-ZIP		<del></del>		
TITLE			4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
			4.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			Change	Additio	
			5.2 NAME					
NAME				TADDRESS				
STREET ADDRESS			5.4 CITY-S				•	
CITY-ST-ZIP		□ DELETE	6.1 TITLE			Change	Additio	
TITLE	C. Detter.		6.2 NAME					
NAME								
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	1		6.4 CITY-S	ST-ZIP		4:E . 4L -1 1l -	information	
14. I hereby	certify that the information supplied w	th this filing does not qualify for	the exempt	tion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r cerury that the I under oath: that	imormation I am an	
indicated officer or Block 12	on this annual report or supplementa director of the corporation or the rece or Block 13 if changed, or on an attac	I annual report is true and accu siver or trustee empowered to e chment with an address, with al	irate and tha execute this i I other like e	it my signatur report as requ mpowered.	Section 119.07 (5)(f), Photoa Statutes. I immere shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and th	at my name app	ears in	

SIGNATURE:

**FILED** 

Jan 20, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01-20-1999 90021 018 \*\*\*150.00