

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 # **K53536**

(4)

1. Corporation Name

**DATA CONSULTANTS, INC.**



Principal Place of Business

Mailing Address

**C/O MENDOZA, CALLAS AND SCHILLING  
251 ROYAL PALM WAY, P.O. BOX 2715  
PALM BEACH FL 33480**

**C/O MENDOZA, CALLAS AND SCHILLING  
251 ROYAL PALM WAY, P.O. BOX 2715  
PALM BEACH FL 33480**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/22/1988**

3a. Date of Last Report

**03/31/1995**

4. FEI Number

**04-3035509**

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

10. Name and Address of New Registered Agent

**MENDOZA, CALLAS AND SCH  
251 ROYAL PALM WAY  
PALM BEACH FL 33480**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DPST  
BURROWS, JOSEPH C.**  
STREET ADDRESS **639 GRANITE STREET**  
CITY-ST-ZIP **BRAINTREE MA**

1.1 TITLE ☐ Change ☐ Addition

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