

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.)

FILED
Sep 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K80019

(8)

1. Corporation Name

DATA FORM CORPORATION

Principal Place of Business

4370 CASPER COURT
HOLLYWOOD FL 33021
US

Mailing Address

74370 CASPER COURT
P.O. BOX 6043
HOLLYWOOD FL 33081-6043
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1989

3a. Date of Last Report

07/23/1996

4. FEI Number

65-0124843

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 3850 Washington St.

Suite, Apt. #, etc.

22 112

City & State

23 Hollywood FL

Zip

24 33021

Country

25 US

2a. Mailing Address

26 P.O. Box 6043

Suite, Apt. #, etc.

27

City & State

28 Hollywood FL

Zip

29 33081

Country

30 US

9. Name and Address of Current Registered Agent

PALERMO, ARTHUR JR. C
409 WEST HALLANDALE BEACH BLVD.
SUITE 415
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

A. Gerald Reiss

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

83

4700-N Sheridan Street

84 City

Hollywood

FL

85 Zip Code

33021 3497

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

TITLE ☐ DELETE

NAME DV
SCHNURMACHER, LEONARD
STREET ADDRESS 4370 CASPER COURT
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ DELETE

NAME DP
SCHNURMACHER, LINDA
STREET ADDRESS 4370 CASPER COURT
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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. 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 REQUIRED

Leonard

7/1/97

954 962-7775

2E034 (4/97)