

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

FILED
Apr 23 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 # L00374 (3)
 1. Corporation Name
CUSTOM DATA SERVICES, INC.



Principal Place of Business
2409 LANDING DR. LUTZ FL 33549 US

Mailing Address
~~5118 N 56TH ST STE 111 TAMPA FL 33610-5481~~
US

3. Date Incorporated or Qualified **07/05/1989** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 **9012 Copeland Rd.**
 27 Suite, Apt. #, etc.
 28 **TAMPA, FL**
 29 Zip Country
 30 **33637 USA**

4. FEI Number **59-2960328** 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
LINKOUS, J JUANELL
~~5118 N 56TH ST STE 111 TAMPA FL 33610~~

10. Name and Address of New Registered Agent
 81 Name **J. JUANELL LINKOUS**
 82 Street Address (P.O. Box Number is Not Acceptable) **9012 Copeland Road**
 83
 84 City **TAMPA** FL 85 Zip Code **33637**

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 *J. Juanell Linkous* **J. Juanell Linkous** **4-16-97**
Signature of old or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DAY, JERRY A	
STREET ADDRESS	24049 LANDING DR.	
CITY-ST-ZIP	LUTZ FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DAY, VIRGINIA A	
STREET ADDRESS	24049 LANDING DR.	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. JUANELL LINKOUS	
1.3 STREET ADDRESS	9012 Copeland Road	
1.4 CITY-ST-ZIP	TAMPA FL 33637	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *J. Juanell Linkous* **J. Juanell Linkous** **4-16-97** **813/8961997**

CR2E034 (9/96)