

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L35062**

(3)

1. Corporation Name

FALCON DATA LINK, INC.

Principal Place of Business

**5118 N. 56 ST. 152
TAMPA FL 33610**

Mailing Address

**5118 N. 56 ST. 152
TAMPA FL 33610**



3. Date Incorporated or Qualified
12/06/1989

3a. Date of Last Report
04/25/1995

4. FEI Number

59-2987665

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAKSHANI, ABBAS
5403 VENETIA PL
TAMPA FL 33617**

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 607.1502 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]

(NOTE: Registered Agent signature required when reappointing)

4-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **OP** ☐ DELETE
NAME **RAKSHANI, ABBAS**
STREET ADDRESS **5403 VENETIA PL**
CITY-ST-ZIP **TAMPA FL 33617**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME

NAME ☐ DELETE

1.3 STREET ADDRESS

STREET ADDRESS ☐ DELETE

1.4 CITY-ST-ZIP

CITY-ST-ZIP ☐ DELETE

2.1 TITLE

TITLE ☐ DELETE

2.2 NAME

NAME ☐ DELETE

2.3 STREET ADDRESS

STREET ADDRESS ☐ DELETE

2.4 CITY-ST-ZIP

CITY-ST-ZIP ☐ DELETE

3.1 TITLE

TITLE ☐ DELETE

3.2 NAME

NAME ☐ DELETE

3.3 STREET ADDRESS

STREET ADDRESS ☐ DELETE

3.4 CITY-ST-ZIP

CITY-ST-ZIP ☐ DELETE

4.1 TITLE

TITLE ☐ DELETE

4.2 NAME

NAME ☐ DELETE

4.3 STREET ADDRESS

STREET ADDRESS ☐ DELETE

4.4 CITY-ST-ZIP

CITY-ST-ZIP ☐ DELETE

5.1 TITLE

TITLE ☐ DELETE

5.2 NAME

NAME ☐ DELETE

5.3 STREET ADDRESS

STREET ADDRESS ☐ DELETE

5.4 CITY-ST-ZIP

CITY-ST-ZIP ☐ DELETE

6.1 TITLE

TITLE ☐ DELETE

6.2 NAME

NAME ☐ DELETE

6.3 STREET ADDRESS

STREET ADDRESS ☐ DELETE

6.4 CITY-ST-ZIP

CITY-ST-ZIP ☐ DELETE

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

DATE

813-621-9696

DAYTIME PHONE

CR2E034 (12/95)