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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L90192

1. Corporation Name

SANDTECH DATA SECURITY, INC.

## FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90017 001 \*\*\*150.00

SANUIE	CON DATA SECURITY, INC.						
Principal Plac	o of Business	Mailing Address				IIO IIDE BIBII DIVIK BIBII DIDII	BIBII ASESI IBBI
4636 BAYCEDAR LANE		4636 BAYCEDAR LANE					
		SARASOTA FL 34241					
						TE IN THIS SPACE	
					3. Date Incorporated or Qualifed 07/26/1990		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26	26		65-0210 <u>263</u>	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			G. Carmente of Claude Boomed	Fee R	equired
City & State		City & State		6. Election Campaign Financing	1 1	May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curre	ent year Intangible ☐ Yes	
24	25		30	T	Personal Property Tax.  10. Name and Address of New R		No
_	9. Name and Address of Curren	it Registered Agent	8	1 Name	To. Name and Address of New N	registered Agent	
SAN	IDERSON EDWARD E	•					
4636 BAYCEDAR LANE			8	2 Street Add	Idress (P.O. Box Number is Not Accepta	ible)	
	ASOTA FL 34241		. 8	3	1,112,21,40,612		120 185 1 198
			Ľ			1965年初的美国中国	
			8	4 City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Stat	tutes, the abo	ve-named co	rporation submits this statement for the	numose of changing its	s registered
	to all providence of occurring our reco	of Florida, Such change was	authorized h		ation's hoard of directors. I hereby accent	ot the appointment as re	egistered
office or r	registered agent, or both, in the State	VI FIONUAL SUCH CHANGE WAS	lorido Statute	y ine corpora	ation a board or directors. I horeby decop		1
office or r agent. I a	registered agent, or both, in the State rm familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Statute	s the corpora	audit a board of directors. I floreby decop		
office or r	rm familiar with, and accept the obliga	itions of, Section 607.0505, F	riorida Statute	<del>:</del> S.	uired when reinstating)	DATE .	
office or r agent. I a	am familiar with, and accept the obligation of t	itions of, Section 607.0505, F	riorida Statute	<del>:</del> S.		DATE .	ORS IN 12
office or r agent. I a SIGNATURE	am familiar with, and accept the obligation of t	nt and title if applicable. (NC	TE: Registered Ag	ent signature requi	uired when reinstating)	DATE .	
office or ragent. I a SIGNATURE 12.	am familiar with, and accept the obligation of signature, typed or printed name of registered ages  OFFICERS AN	nt and title if applicable.  (NC	TE: Registered Ag	ent signature requi	uired when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE  12.	Styneture, typed or printed name of registered age OFFICERS AN D SANDERSON, EDWARD F.	nt and title if applicable.  (NC	TE: Registered Ag  13.  1.1 TITLE  1.2 NAME	ent signature requi	uired when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
office or ragent. I a SIGNATURE  12.  TITLE NAME	Styneture, typed or printed name of registered age OFFICERS AN D SANDERSON, EDWARD F.	nt and title if applicable.  (NC	TE: Registered Ag  13.  1.1 TITLE  1.2 NAME	ent signature requi	uired when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ages  OFFICERS AN  D  SANDERSON, EDWARD F.  4636 BAYCEDAR LANE	nt and title if applicable.  (NC	TE: Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STRE	ent signature requi	uired when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stgnature, typed or printed name of registered ages  OFFICERS AN  D  SANDERSON, EDWARD F.  4636 BAYCEDAR LANE  SARASOTA FL	nt and title if applicable. (NC    ID DIRECTORS   DELETE	TE: Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STRE  1.4 CITY-	ent signature requi	uired when reinstating)	DATE FICERS AND DIRECTO	ORS IN 12
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14. I 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, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 941-922-8446

CR2F034 (11/9)