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FILED
Mar 25 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 # L96323

(5)

1. Corporation Name

FLEX DATA SYSTEMS, INC.

Principal Place of Business

8930 STATE RD 84
STE. 281
DAVIE FL 33324
US

Mailing Address

8930 STATE RD 84
STE. 281
DAVIE FL 33324-4456
US

3. Date incorporated or Qualified
08/13/1990

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

65-0273407

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

10. Name and Address of New Registered Agent

TRUST, BENSON P.
8930 STATE ROAD 84
STE 281
DAVIE FL 33324

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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or officer of corporation and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

D
NAME TRUST, BENSON
STREET ADDRESS 8930 STATE RD 84 SUITE 281
CITY-ST-ZIP DAVIE FL

1.2 TITLE

Change Addition

P
NAME CHOW, CAROLE
STREET ADDRESS 8930 STATE ROAD 84 SUITE 281
CITY-ST-ZIP DAVIE FL

1.3 TITLE

Change Addition

1.4 TITLE

Change Addition

1.5 TITLE

Change Addition

1.6 TITLE

Change Addition

1.7 TITLE

Change Addition

1.8 TITLE

Change Addition

1.9 TITLE

Change Addition

1.10 TITLE

Change Addition

1.11 TITLE

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (9/96)