SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:16

DOCUMENT # M09342 (0)

1. Corporation Name
DATA NET CORPORATION

Principal Place of Business	Mailing Address
10112 USA TODAY WAY MIRAMAR FL 33025	10112 USA TODAY WAY MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/26/1984
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business 21 / 2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 59-2480970 ☐ 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

WILLIAMSON, ROBERT
10112 USA TODAY WAY
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	DIRECTOR ☐ Change ☑ Addition
NAME	WILLIAMSON, ROBERT F JR	1.2 NAME	DAVIDSON, JAMES
STREET ADDRESS	10112 USA TODAY WAY	1.3 STREET ADDRESS	10112 USA TODAY WAY
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	DPC	2.1 TITLE	☐ Change ☐ Addition
NAME	WITHEROW, JOHN M.	2.2 NAME	
STREET ADDRESS	10112 USA TODAY WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	PELKEY, BRUCE	3.2 NAME	
STREET ADDRESS	10112 USA TODAY WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, MICHAEL	4.2 NAME	
STREET ADDRESS	10112 USA TODAY WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DAVID	5.2 NAME	
STREET ADDRESS	10112 USA TODAY WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, JAMES	6.2 NAME	
STREET ADDRESS	10112 USA TODAY WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 R. Williamson R. WILLIAMSON 6/7/95 305-437-3535
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000000 CP