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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90012 023 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M09342

1. Corporation Name

DATA NET CORPORATION

MIRAMAR FL

CITY-ST-ZIP

SIGNATURE

DAIAN	ILI CONFORMION				 	II <b>atah eken ala</b> h '	
Principal Place of Business Mailing Address						digir aipir aram	#1511
10112 USA TODAY WAY 10112 USA TODAY WAY MIRAMAR FL 33025 MIRAMAR FL 33025		10112 USA TODAY WAY MIRAMAR FL 33025					
minument is some					DO NOT WRITE IN THIS SPACE		
}					3. Date Incorporated or Qualifed		
					12/26/1984		
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For
21 26					59-2480970		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional	
City 8 State						Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	
Zip				,	Trust Fund Contribution	Added t	to rees
24	25	29 30	_ `		This corporation owes the current year I     Personal Property Tax.	Intangible Yes	□No
24	9. Name and Address of Curren				10. Name and Address of New Registere		
			81	Name	101 110	47.85	
	LIAMSON, ROBERT		82	2: -4.4.4.4			
	10112 USA TODAY WAY			Street Addi	lress (P.O. Box Number is Not Acceptable)		
MIR/	AMAR FL 33025		83		• • • • • • • • • • • • • • • • • • • •	1	***
			84	City	F	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	I e-named corp	poration submits this statement for the purpose	of changing its	registered
∣ office or r	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was author	orized by I	the corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	Share and the same of the same	north of, Goodoff Co., Good, 1 Jones.	Oldivios.	'•			
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Rec	gistered Agen	nt signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE			1.1 TITLE			Change	☐ Addition
NAME	• • • • • •		1.2 NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET	「ADDRESS			
CITY-ST-ZIP			1.4 CITY-ST	T-ZIP			
TITLE	DPC	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	_		2.3 STREET	ADDRESS			
CITY-ST-ZIP _	MIRAMAR FL			ST-ZIP			
TITLE	l on the second	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME .	PELKEY, BRUCE	Į.	3.2 NAME				
STREET ADDRESS				ADORESS			
CITY-ST-ZIP	MIRAMAR FL		3.4. CITY-ST	T-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	ELLIOTT, MICHAEL		4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	MIRAMAR FL .			T-ZIP			
TITLE	DS		5.1 TITLE			☐ Change	Addition
NAME	SMITH, DAVID		5.2 NAME		• .		
STREET ADDRESS	10112 USA TODAY WAY	1	5.3 STREET				
CITY-ST-ZIP	MIRAMAR FL		5.4 CITY-ST-	ſ-ZIP			
TITLE	D		6.1 TITLE			Change	Addition
NAME	O'DONNELL, JAMES		6.2 NAME				
STREET ADDRESS	10112 USA TODAY WAY			ADDRESS			

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 supplied and appual 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 concertion or me receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 if an address, with all oth

6.4 CITY-ST-ZIP