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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P29207

(8)

ZED DATA SYSTEMS, INC.

FILED
May 12 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address				f 1881/2001 tie lidin inien sant obrit inde eren einer drauf nager neuer proze can-				
6191 ORANGE	DR	6191 ORANGE DR						
STE 8171	P. #1 AAA14	STE 6171	460					
FT LAUDERDALE FL 33314		FT LAUDERDALE FL 33314-3450 US		3. Date incorporated or Qualified	3a. Date	of Last F	łenori	
US		00			05/01/1990)/1996	юроп
2. Principal PI	ace of Business	2a. Mailing Address			4. FEI Number	.)		pplied For
21 6191	ORANGE DRIVE	26 6191 ORAN	645 -D	RUE	88-0240027		N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22 SUITE	z # 6167	27 SUITE-# 61	67		5. Certificate of Status Desired		Fee R	equired
City & State		City & State		C	6. Election Campaign Financing	-		May Be
	LUDERPAUT IL	28 FT LAWER			1rust Fund Contribution			to Fees
Zip	Country	3331V 3	Country ==	/	8. This corporation has liability for i			s. 199.032,
24 3331	9. Name and Address of Current	20	0		Florida Statutes 10. Name and Address of New Re	Yes		· ·····
DIAT		Hedistered Affent	81	Name	10. Name and Address of New No	Ristoina W	Jent	
	ON, COOKIE							
6191 ORANGE DRIVE STE, 6171				Street Ac	ldress (P.O. Box Number is Not Acceptab	ole)		
	. 61/1 LAUDERDALE FL 33314		83	 				
FI.I	LAUVEUNATE LT 22214							
			84	City		FL	85 Zip	Code
11. Pursuant i	to the provisions of Sections 607 050	and 607 1508 Florida Statutos	the above	l	orporation submits this statement for the p	urnose of c	hanging i	its registered
l office or re	egistered agent, or both, in the State.	of Florida. Such change was au	thorized b	y the corpo	ration's board of directors. I hereby accep	of the appoi	nlment as	s registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statute	·\$.				
SIGNATURE	Signature, typed or printed name of registered ages	of and fille if annicable (NOTE:	Signistanci An	ent signature re	quired when reinstating)	DATE		
12.	OFFICERS AND		1 13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTO	RS IN 12
TITLE	PST	DELFIE	1.1 1IILE			Ι	Change	Addition
NAME	SMITH, DOUGLAS E.		12 NAME					
STREET ADDRESS	3696 SCALES PLACE		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	VANCOUVER, BC CANADA		1.4 CHY-	S1 - 7IP				
TITLE	D	DELETE	2.1 THEE				Change	Addition
NAME	SMITH, DOUGLAS E.		2.2 NAME					
STREET ADDRESS	3696 SCALES PLACE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	VANCOUVER, BC, CANADA		2. 4 Cil Y -	S1-ZIP				
TITLE		DELETE	3.1 10115			[Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY -	-ST-ZIP		·		
TITLE		DELETE	4 1 11tLF			Τ.	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP			4.4 CITY-	S1 - 7IP				
TITLE		DELETE	5.1101.0	Ī			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	1 ADDRESS				
CITY-ST-ZIP			5 4 CITY-	S1 - Z(P			_	
TITLE		DELETE	61 THLE			1	Change	Addition
NAME			6.2 NAME					
STREET ADDRESS	•		63 STREE	1 ADDRESS				
City-ST-ZiP			64 CITY-					
14. I do here	by certify that the information supplies	d with this filmo does not qualify	for the ex	emption sta	ited in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	it the

• To negacy detay that the minimation supplied with this ming does not quality for the exemption stated in Section 119.07(3)(f), horida statutes. Fromer 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 logal 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.

OLD DO