## 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

DOCUMENT # P37647

LOUISVILLE CO

(5)

NEODATA SERVICES, INC.

## **FILED** May 06 1997 8:00am Secretary of State

| Principal Pla   | ca of Rusiness                                      | Mailing Address                |                                       |   |   |
|---|---|--------------------------------|---------------------------------------|---|---|
| Principal Place of Business Mailing Address  Mailing Address  |   |                                | nn.                                   |   | 4+ 4+6++ 5+6++ 4+6++ 4+6++ 8+6++ 8+6++ 185+   |
| 833 W SOUTH BOULDER RD B33 W SOUTH BOULDER R LOUISVILLE CO 80027 LOUISVILLE CO 80027-245  |   |                                |                                       |   |   |
|   |   |                                |                                       | 3. Date Incorporated or Qualified               |   |
| 9 Principal   | Place of Business                                   | 2a Mailing Address             |                                       | 02/26/1992                                      | 03/04/1996                                    |
| 21  | Flace of Boshibss                                   | 2a. Mailing Address            |                                       | 4. FEI Number                                   | Applied For                                   |
| Sulte, Apt  | t. #, etc.  | Suite, Apt. #, etc.            | ~                                     | 75-2333190                                      | Not Applicable  58.75 Additional              |
| 22  |   | 27                             |                                       | 5. Certificate of Status Desired                | Fee Required                                  |
| City & Sta  | ite   | City & State                   | <del></del>                           | 6. Election Campaign Financing                  | \$5.00 мау Ве                                 |
| 23  |   | 28                             | ·                                     | Trust Fund Contribution                         | Added to Fees                                 |
| Zip<br>24   | Country   | Zip                            | Country                               | 8. This corporation has liability for           | r intangible tax under s. 199.032,            |
| 24  | 25<br>9. Name and Address of Curren                 | 29<br>1 Registered Agent       | [30]                                  | Florida Statutes  10. Name and Address of New F | Yes No  |
| C T CORPORATION SYSTEM  81 Name   |   |                                |                                       |   |   |
| 1200 SOUTH PINE ISLAND ROAD   |   |                                | 82 Street                             | Address (P.O. Box Number is Not Accept          | - No.   |
| PLANTATION FL 33324   |   |                                | oz Sireei                             | Address (P.O. Box Number is Not Accept          | able)   |
|   |   |                                | 83                                    |   |   |
|   |   |                                | 84 City                               |   | <b>85</b> Zip Code                            |
| 44.5  |   |                                |                                       |   | <b>                                      </b> |
| 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, typed or printed name of registered age: | nt and title if applicable (NO | E Registered Agent signature          | c required when reinstaling)                    | DATE  |
| 12.   | OFFICERS AND  | DIRECTORS                      | 13.                                   | ADDITIONS/CHANGES TO OFF                        |   |
| TITLE   | C   | ☐ DELETE                       | 1.1 TITLE                             |   | Change Addition                               |
| NAME  | FURST, JACK D.                                      |                                | 1.2 NAME                              |   |   |
| STREET ADDRESS  | 833 W SOUTH BOULDER RD                              |                                | 1.3 STREET ADDRESS                    |   |   |
| CITY-ST-ZIP<br>TITLE  | LOUISVILLE CO                                       | DELETE                         | 1.4 CHY-ST-ZIP                        |   | C Observed Colored                            |
| NAME  | BURGHARDT, KURT J.                                  | L_I Dett se                    | 2.1 TITLE<br>2.2 NAME                 |   | Change Addition                               |
| STREET ADDRESS  | 833 W. SOUTH BOULDER RD.                            |                                | 2.3 STREET ADDRESS                    |   |   |
| CITY-ST-ZIP   | LOUISVILLE CO                                       |                                | 2.4 CITY - \$1 - ZIP                  |   |   |
| TITLE   | PD  | DELETE                         | 3.1 1/11/6                            |   | Change Addition                               |
| NAME  | JONES, A. LAURENCE                                  |                                | 3.2 NAME                              |   | _   |
| STREET ADDRESS  | 833 W. SOUTH BOULDER RD                             |                                | 3.3 STREET ADDRESS                    |   |   |
| CITY-ST-ZIP   | LOUISVILLE CO                                       |                                | 3.4 CITY-ST-ZIP                       |   |   |
| TITLE   | V   | ☐ DELETE                       | 4.1 311LE                             |   | Change Addition                               |
| NAME  | CUCCARO, NICHOLAS J                                 | _                              | 4. 2 NAME                             |   |   |
| STREET ADDRESS  |   | U                              | 4.3, STREET ADDRESS                   |   |   |
| CITY-ST-ZIP<br>TITLE  | LOUISVILLE CO                                       | DELETE                         | 4.4 CITY - S1 - ZIP                   |   | Channe C Market                               |
| NAME  | ANHUT, FRANCES M.                                   |                                | 5.1 TITLE                             |   | L Change L Addition                           |
| STREET ADDRESS  | 833 W SOUTH BOULDER RD                              |                                | 5.2 NAME                              |   |   |
| CITY-ST-ZIP   | LOUISVILLE CO                                       |                                | 5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |   |   |
| TITLE   | V   | DELETE                         | 6.1 TITLE                             | As  | Change Z Addition                             |
| NAME  | MORSE, SUSAN L                                      |                                | 6.2 NAME                              | CEDWING J. SIROWATICA                           |   |
| STREET ADDRESS  |   |                                | 6.3 STREET ADDRESS                    | EDWARD 1. SIROVATICAL<br>833 W SOUTH BOUCH      | er rd   |

EDUAND STRWATER

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.

LOUISVILLE, CO 8002.7