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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 23 1997 8:00am Secretary of State

	1997	DIVISION OF C	CORPORATIONS		- 0 000	y OI St	
 Corporation 	MENT # P9200 DATA CORP.	00008530 (7)	Å				
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	e of Business /AY 1, Suite 301 BEACH FL 33408	Mailing Address 636 US HIGHWAY 1, SUIT NORTH PALM BEACH FL		×			
				3. Date Incorporated 11/30/1992	or Qualified	3a. Date of Last R 06/05/1996	eport
7 1111	lace of Business CLEMWTIS ST	2a. Mailing Address 26 SAM		4. FEI Number 65-0364658			oplied For
Sule Act	666 MM 13 J	26 Suite, Apt. #, etc. 27		5. Certificate of Statu	s Desired	-) \$8.75 <i>i</i>	ot Applicable Additional equired
City & State	Palu Beach	City & State		6. Election Campaigr Trust Fund Contrib		\$5.00	May Be to Fees
3 WE 3	401 Country	Z ₁ p	Country	8. This corporation ha	as liability for int		
<u>,, , , , , , , , , , , , , , , , , , ,</u>	9. Name and Address of Cur		130	10. Name and Addres			
KEA	RNEY, JENNIFER W		61 Name				
	US HIGHWAY 1		82 Street	Address (R.D. Box Number is	Not Acceptable)	
SUITE 301 NORTH PALM REACH EL 33408				22 Clemati	> 21	······································	 -
NOF	RTH PALM BEACH FL 33408		** #	206			•
			84 City 1	land V. L. Dane	1 1/ 2	85 Zip	59% I
1. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	es, the above-named	corporation submits this state	ment for the pur	pose of changing it	ts registered
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida Such change was	authorized by the corp	poration's board of directors. I	hereby accept	he appointment as	renictored
			vida Statutae	peration a popula or directions, i	morady accordi		registered
-	in familiai with, and accept the oc	digations of, Section 607.0505, FR	orida Statutes.	poration o board of directoral, t	more and a decorpt		registered
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GNATURE	Signature typed or printed name of registered OFFICERS	d agent and liste if applicable. (NOT	E Registered Agent signature			DATE RS AND DIRECTOR	3S IN 12
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report or supplemental annual upport is true and accurate and that my signature shall have the same legal effect as if made under or reporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name trianged, or of an attachment with an address.

SIGNATURE: