


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

FILED

May 23 1997 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997   |  |                    |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
|---|--|---|--|---|--|
| DOCUMENT # P92000008530 (7)   |  |   |  |   |  |
| 1. Corporation Name<br>RADIUS DATA CORP.  |  |   |  |   |  |
| Principal Place of Business<br>636 US HIGHWAY 1, SUITE 301<br>NORTH PALM BEACH FL 33408   |  |   | Mailing Address<br>636 US HIGHWAY 1, SUITE 301<br>NORTH PALM BEACH FL 33408  |   |  |
| 2. Principal Place of Business<br>21 222 Clematis St<br>22 Suite, Apt. #, etc.<br>#206<br>23 City & State<br>West Palm Beach<br>24 Zip<br>33401   |  | 2a. Mailing Address<br>26 Same<br>27 Suite, Apt. #, etc.<br>28 City & State<br>29 Zip<br>30 Country |  | 3. Date Incorporated or Qualified<br>11/30/1992<br>3a. Date of Last Report<br>06/05/1996<br>4. FEI Number<br>65-0364658<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired<br>\$8.75 Additional Fee Required<br>6. Election Campaign Financing<br>Trust Fund Contribution<br>\$5.00 May Be Added to Fees<br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br>Yes No |  |
| 9. Name and Address of Current Registered Agent<br>KEARNEY, JENNIFER W<br>636 US HIGHWAY 1<br>SUITE 301<br>NORTH PALM BEACH FL 33408  |  |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>222 Clematis St<br>83 #206<br>84 City<br>West Palm Beach, FL EFL<br>85 Zip Code<br>33401 |   |  |
| 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 _____<br>(NOTE: Registered Agent signature required when reinstating)  |  |   |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   |  |   |  |
| TITLE   | PO   | NAME  | KEARNEY, JENNIFER W  | <input type="checkbox"/> DELETE   |  |
| STREET ADDRESS  | 636 US HIGHWAY 1 SUITE 301   |   |  |   |  |
| CITY-ST-ZIP   | N PALM BEACH FL 33408  |   |  |   |  |
| TITLE   | VO   | NAME  | RINEARSON, ROBERT  | <input type="checkbox"/> DELETE   |  |
| STREET ADDRESS  | 636 US HIGHWAY 1 SUITE 301   |   |  |   |  |
| CITY-ST-ZIP   | N PALM BEACH FL 33408  |   |  |   |  |
| TITLE   | STD  | NAME  | BEASLEY, M W JR  | <input type="checkbox"/> DELETE   |  |
| STREET ADDRESS  | 105 N MAIN STREET  |   |  |   |  |
| CITY-ST-ZIP   | TUSCUMBIA AL 35674   |   |  |   |  |
| TITLE   |  | NAME  |  | <input type="checkbox"/> DELETE   |  |
| STREET ADDRESS  |  |   |  |   |  |
| CITY-ST-ZIP   |  |   |  |   |  |
| TITLE   |  | NAME  |  | <input type="checkbox"/> DELETE   |  |
| STREET ADDRESS  |  |   |  |   |  |
| CITY-ST-ZIP   |  |   |  |   |  |
| TITLE   |  | NAME  |  | <input type="checkbox"/> DELETE   |  |
| STREET ADDRESS  |  |   |  |   |  |
| CITY-ST-ZIP   |  |   |  |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |  |   |  |
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |   |  |
| 1.2 NAME  | 222 Clematis St #206   |   |  |   |  |
| 1.3 STREET ADDRESS  | West Palm Beach, FL 33401  |   |  |   |  |
| 1.4 CITY-ST-ZIP   | West Palm Beach, FL 33401  |   |  |   |  |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |   |  |
| 2.2 NAME  | 222 Clematis St, #206  |   |  |   |  |
| 2.3 STREET ADDRESS  | West Palm Beach, FL 33401  |   |  |   |  |
| 2.4 CITY-ST-ZIP   | West Palm Beach, FL 33401  |   |  |   |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |   |  |
| 3.2 NAME  |  |   |  |   |  |
| 3.3 STREET ADDRESS  |  |   |  |   |  |
| 3.4 CITY-ST-ZIP   |  |   |  |   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |   |  |
| 4.2 NAME  |  |   |  |   |  |
| 4.3 STREET ADDRESS  |  |   |  |   |  |
| 4.4 CITY-ST-ZIP   |  |   |  |   |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |   |  |
| 5.2 NAME  |  |   |  |   |  |
| 5.3 STREET ADDRESS  |  |   |  |   |  |
| 5.4 CITY-ST-ZIP   |  |   |  |   |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |   |  |
| 6.2 NAME  |  |   |  |   |  |
| 6.3 STREET ADDRESS  |  |   |  |   |  |
| 6.4 CITY-ST-ZIP   |  |   |  |   |  |
| 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. |  |   |  |   |  |
| SIGNATURE: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |  |   |  |



CR2E034 (9/96)

5/16/97 561 804 9500  
Date Daytime Phone #