

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000013192 (9)

1. Corporation Name

MCS DATA SERVICES, INC.



Principal Place of Business

SUITE #31
1510 BOTTLEBRUSH DR
PALM BAY FL 32906

Mailing Address

PO BOX 061899
PALM BAY FL 32906-1899

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
12/17/1992

3a. Date of Last Report
04/19/1995

4. FEI Number
59-3155953

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORE, ROBERT
143 DICKINSON STREET NE
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of person filing this report (check one)

Signature of Registered Agent (check one)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	PD MOORE, ROBERT	☐ DELETE
12.2 STREET ADDRESS	143 DICKINSON ST NE	
12.3 CITY-STATE-ZIP	PALM BAY FL	
12.4 NAME	VD MOORE, THERESA	☐ DELETE
12.5 STREET ADDRESS	143 DICKINSON ST NE	
12.6 CITY-STATE-ZIP	PALM BAY FL	
12.7 NAME		☐ DELETE
12.8 STREET ADDRESS		
12.9 CITY-STATE-ZIP		
12.10 NAME		☐ DELETE
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 NAME		☐ DELETE
12.14 STREET ADDRESS		
12.15 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 NAME	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert D. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(407) 728-5644

CR2E034 (12/95)