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

CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015188 (4)

YARNALL DATA SYSTEMS, INC.

Principal Place of Business Mailing Address P.O. ROX 1847 1500 EAST AVENUE N

FILED May 06 1998 8:00am Secretary of State



SARASOTA FL 34237		SARASOTA FL 34230			DO NOT WRITE IN THIS	SPACE
		US			3. Date Incorporated or Qualified	OF ACE
					· ·	
9 Principal P	lace of Business	2a. Mailing Address		· 	03/01/1993 4. FEI Number	Applied For
		26				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0395531	
22		27			6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cur	rent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent
VAI	NDROFF, LEONARD		61	Name		
1500 EAST AVENUE N			82	Charact Address	ss (P.O. Box Number is Not Acceptable)	
	RASOTA FL 34237			Street Addres	ss (P.O. Box Number is Not Acceptable)	
			83			
			84	City	FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050:	2 and 607 1508 Florida Statute	s the above-	named cornor		changing its registered
office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by t rida Statules.	he corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ot and tille if applicable (NOTE	Registered Agent	signature required	when reinstating1 DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	VANDROFF, LEONARD		1,2 NAME	J		
STREET ADDRESS	1590 EAST AVENUE, N		1.3 STREET AL	DDDECC		
1			- 1			
CITY-ST-ZIP	SARASOTA FL 34237	☐ DELETE	1.4 CITY-ST-	ZIP		☐ Change ☐ Addition
TITLE	D CONTRACTOR OF THE	C DELETE	2.1 TITLE			CL custific CL virgilion
NAME	VANDROFF, GINA		2.2 NAME			
STREET ADDRESS	1500 EAST AVENUE, N		2 3 STREET AL	DDRESS		
CITY - ST - ZIP	SARASOTA FL 34237		2.4 CITY-ST-	- ZIP		
TITLE		DELETE 3.11		ļ		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AL	DORESS		
CITY-ST-ZIP			3.4. CITY-ST-	- ZIP		
TITLE	DELETE 4.1 TITLE		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AL	DORESS		
CITY-ST-ZIP			4.4 CITY-ST-			
TITLE		DELETE	51 TITLE			Change Addition
NAME			5.2 NAME	J		
				DDDECC		
STREET ADDRESS			5.3 STREET AL			
CITY-ST-ZIP		DELETE	5.4 CITY - ST -	ZIP		Change Addition
TITLE		☐ DETER	6.1 TITLE			Change Addition
NAME [6.2 NAME			
STREET ADDRESS			63 STREET AC	DORESS		
CITY-S1-ZIP			6.4 CITY-ST-			
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify for	r the exemptic	on stated in Se	ection 119.07(3)(i), Florida Statutes. I further ce	rtify that the information

upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an for the receiver or hustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in