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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1006

SIGNATURE;

DIVISION OF CORPORATIONS

	990				7			
OCUN Corporation i	IENT # P9300	0001648	8 (7)					
DATAS	SHIELD, INC.				t laniant sià (dino)itil spii) na) (1846) (1841) (1841)
incipal Place o	of Business	Mailing Address	S		7 14411227 114 14114 1111 14114 1111		•	
3872 SHERIDAN ST 3872 SHER HOLLYWOOD FL 33021 HOLLYWOO		idan St XD FL 33021						
					3. Date Incorporated or Qualified 03/03/1993	3a. Date of 1	Last Rep 112/19	
Principal Plac	pe of Business	2a. Mailing Add	lress		4. FEI Number			pplied Far
Principal Place of Business		26			65-0560355			ot Applicable
Suite, Apt. #	, etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$		Additional
		27						equired
City & State		City & State	3		Election Campaign Financing Trust Fund Contribution		,	May Be to Fees
Zιρ	Country	Zip		Country	8. This corporation has liability for i	intangible tax ur		
2-12	25	29	30		Florido Statutes			
	9. Name and Address of Curre	nt Registered Agen	t		10. Name and Address of New R	legistered Age	ent	
				81 Name				
	DSENBERG PA			82 Street Addr	ress (P.O. Box Number is Not Acceptab	ile)		
	HERIDAN ST			83				
HOLLY	WOOD FL 33021			63				
HOLL						[9E 710	Code
l. Pursuant to or registere familiar with	o the provisions of Sections 607.050 of agent, or both, in the State of Flo n, and accept the obligations of, Sec	rida. Such change wa	is authorized bi	84 City ne above named corporation's boa	ration submits this statement for the purified of directors. I hereby accept the app	rpose of changi ointment as rec	ing its re	edistered office
I. Pursuant to or registere familiar with GNATURE	ed agent, or both, in the State of Flo n, and accept the obligations of, Sec Synauce, typed or printed name of regulated agr	rida. Such change wa ction 607.0505, Florid	is authorized b a Statutes	to above paried corry	ird of directors. Thereby accept the app	rpose of changi ointment as rec DATE	ing its re gistered RECTOR	egistered offic agent. I am RS IN 12
Pursuant to or registere familiar with GNATURE 2	nd agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI	rida, Such change wa ction 607,0505, Florid he and title if applicable ND DIRECTORS	is authorized b a Statutes	ne above named corpor y the corporation's boa	of directors. Thereby accept the app	rpose of changi ointment as rec DATE	ing its re jistered	egistered offic agent. I am
I. Pursuant to or registere familiar with GNATURE	nd agent, or both, in the State of Flona, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AIDP SINCLAIR, STANLEY	rida, Such change wa ction 607,0505, Florid he and title if applicable ND DIRECTORS	is authorized b a Statutes (NOTE R	ne above named corpor y the corporation's boa hastered April senature require 13.	of directors. Thereby accept the app	rpose of changi ointment as rec DATE	ing its re gistered RECTOR	egistered offic agent. I am
Pursuant to or registere familiar with GNATURE	nd agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, lyred or printed name of regularist age OFFICERS AIDP SINCLAIR, STANLEY 3872 SHERIDAN ST	rida, Such change wa ction 607,0505, Florid he and title if applicable ND DIRECTORS	is authorized b a Statutes (NOTE R	ne above named corpor y the corporation's boat historic April sename require 13. 1 1 THEE 12 NAME 13 STREET ADDRESS	of directors. Thereby accept the app	rpose of changi ointment as rec DATE	ing its re gistered RECTOR	egistered offic agent. I am
I. Pursuant to or registere familiar with GNATURE 2. LE ME REET ADDRESS TY-ST-ZIP	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Synthes, typed or printed name of reprinted age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021	rida, Such change wa clion 607,0505, Florid ox and their applicable ND DIRECTORS D	is authorized b a Statutes Note is	ne above named corpor y the corporation's boa 13. 1 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP	of directors. Thereby accept the app	PL rpose of changi ointrient as reg DATE TICERS AND DI	ing its registered RECTOR	egistered offic agent. I am
I. Pursuant to or registere familiar with GNATURE	od agent, or both, in the State of Flon, and accept the obligations of, Sec. Synwhite, byted or printed name of regularich age OFFICERS AT DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS	rida, Such change wa clion 607,0505, Florid ox and their applicable ND DIRECTORS D	is authorized b a Statutes (NOTE R	ne above named corpor y the corporation's boat nastured April senature require 13. 1 1 TIBLE 12 NAME 13 STREET ADDRESS 14 CLY - ST-ZIP 2 1 TIBLE	of directors. Thereby accept the app	PL rpose of changi ointrient as reg DATE TICERS AND DI	ing its re gistered RECTOR	egistered officiagent. I am RS IN 12 Addition
Pursuant to or registere familiar with GNATURE t. LE ME REET ADDRESS (Y-ST-ZIP) LE ME	nd agent, or both, in the State of Flon, and accept the obligations of, Sec. Synwhite, byed or printed name of regulated age OFFICERS AT DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE	rida, Such change wa clion 607,0505, Florid ox and their applicable ND DIRECTORS D	is authorized b a Statutes Note is	ne above named corpor y the corporation's boa 13. 1 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP	of directors. Thereby accept the app	PL rpose of changi ointrient as reg DATE TICERS AND DI	ing its registered RECTOR	egistered offic agent. I am RS IN 12 Addition
Pursuant to or registere familiar with GINATURE	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida, Such change wa clion 607,0505, Florid ox and their applicable ND DIRECTORS D	is authorized b a Statutes Note is	ne above named corpor y the corporation's boat 13. 1 TIBLE 12 NAME 13 STREET ADDRESS 14 CLY - ST-ZIP 2 TIBLE 22 NAME	of directors. Thereby accept the app	PL rpose of changi ointrient as reg DATE TICERS AND DI	ing its registered RECTOR Change	egistered office agent. I am RS IN 12 Addition Addition
Pursuant to or registere familiar with GINATURE t. LE ME REET ADDRESS (Y-ST-ZIP LE ME REET ADDRESS (Y-ST-ZIP LE KREET ADDRESS (Y-ST-ZIP LE KREET ADDRESS (Y-ST-ZIP LE KREET ADDRESS (Y-ST-ZIP LE KREET ADDRESS (Y-ST-ZIP	nd agent, or both, in the State of Flon, and accept the obligations of, Sec. Synwhite, byed or printed name of regulated age OFFICERS AT DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE	rida. Such change wa ction 607.0505, Florid reand weet appeals. NO DIRECTORS D	is authorized b a Statutes Note is	ne above named corpor y the corporation's boar 13. 1 THEE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 THILE 22 NAME 23 STREET ADDRESS	of directors. Thereby accept the app	PL rpose of changi ointrient as reg DATE TICERS AND DI	ing its registered RECTOR	egistered officiagent. I am RS IN 12 Addition
Pursuant to or registere familiar with GNATURE LE ME REET ADDRESS (Y-ST-ZIP LE ME REET ADDRESS (Y-ST-ZIP LE	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid reand weet appeals. NO DIRECTORS D	is authorized to a Statutes hote R ELETE	ne above named corpor y the corporation's boar 13. 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	of directors. Thereby accept the app	PL rpose of changi ointrient as reg DATE TICERS AND DI	ing its registered RECTOR Change	egistered officiagent. I am RS IN 12 Addition
Pursuant to or registere familiar with GNATURE	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid reand we if a preside. NO DIRECTORS D	is authorized to a Statutes hote R ELETE	ne above named corpor y the corporation's boa 13. 1 1 THLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 THLE 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 THLE 32 NAME 33 STREET ADDRESS	of directors. Thereby accept the app	PL rpose of changi ointrient as reg DATE TICERS AND DI	ing its registered RECTOR Change	egistered office agent. I am RS IN 12 Addition Addition
Fursuant to or registere familiar with GNATURE	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid reand whe it appeals. NO DIRECTORS D	ELETE	ne above named corpor y the corporation's boar 13. 1 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TIBLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TIBLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 3 STREET ADDRESS 34 CITY-ST-ZIP	of directors. Thereby accept the app	PL rpose of changi ointment as reg DATE TICERS AND DI	ing its registered RECTOR Change Change	egistered officiagent. I am RS IN 12 Addition
I. Pursuant to or registere familiar with registere familiar with registere familiar with registere familiar with registere familiar section of the registere familiar registere familia	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid reand whe it appeals. NO DIRECTORS D	is authorized to a Statutes hote R ELETE	ne above named corpor y the corporation's boar 13. 1 THEF 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 THILE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 THILE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 THILE	of directors. Thereby accept the app	PL rpose of changi ointment as reg DATE TICERS AND DI	ing its registered RECTOR Change	egistered office agent. I am RS IN 12 Addition Addition Addition
I. Pursuant to or registere familiar with GNATURE I. LE	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid reand whe it appeals. NO DIRECTORS D	ELETE	ne above named corpor y the corporation's boar 13. 1 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TIBLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TIBLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 3 STREET ADDRESS 34 CITY-ST-ZIP	of directors. Thereby accept the app	PL rpose of changi ointment as reg DATE TICERS AND DI	ing its registered RECTOR Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition
Pursuant to or registere familiar with GINATURE LE ME SEEL ADDRESS Y-ST-ZIP LE ME REEL ADDRESS Y-ST-ZIP LE ME REEL ADDRESS Y-ST-ZIP LE ME REEL ADDRESS SY-ST-ZIP LE ME REEL ADDRESS	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid reand we it appeals. NO DIRECTORS D	ELETE	ne above named corpor y the corporation's boar 13. 1 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TIBLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TIBLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TIBLE 42 NAME	of directors. Thereby accept the app	PL rpose of changi ointment as reg DATE TICERS AND DI	ing its registered RECTOR Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition
Pursuant to or registere familiar with GINATURE S. LE ME REEL ADDRESS (Y-ST-ZIP LE ME REEL ADDRESS Y-ST-ZIP LE ME REEL ADDRESS TY-ST-ZIP LE ME REEL ADDRESS STY-ST-ZIP LE ME	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid he and when applicable. NO DIRECTORS D	ELETE	ne above named corpor y the corporation's boa 13. 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREET ADDRESS	of directors. Thereby accept the app	PL rpose of changi ointrient as reg DATE TICERS AND DI	ing its registered RECTOR Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition
Pursuant to or registere familiar with GINATURE St. LE ME REET ADDRESS (Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid he and when applicable. NO DIRECTORS D	ELETE ELETE	ne above named corpor y the corporation's boa 13. 1 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TIBLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TIBLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TIBLE 42 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 4 TIBLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	of directors. Thereby accept the app	PL rpose of changi ointrient as reg DATE TICERS AND DI	ing its registered RECTOR Change Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition
Pursuant to or registere familiar with GINATURE t.	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid he and when applicable. NO DIRECTORS D	ELETE ELETE	ne above named corporation above named corporation boards aparts senature require. 13. 1 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TIBLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TIBLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TIBLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 TIBLE	of directors. Thereby accept the app	PL rpose of changi ointrient as reg DATE TICERS AND DI	ing its registered RECTOR Change Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition
I. Pursuant to or registere familiar with GNATURE	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid he and when a gridable. NO DIRECTORS D D	ELETE ELETE ELETE	ne above named corpor y the corporation's boa 13. 1 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TIBLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TIBLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TIBLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 TIBLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 TIBLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 TIBLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 TIBLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	of directors. Thereby accept the app	PL rpose of changi ointment as reg DATE TICERS AND DI	RECTOR Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition Addition
I. Pursuant to or registere familiar with IGNATURE	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid he and when a gridable. NO DIRECTORS D D	ELETE ELETE	ne above named corpor y the corporation's boa 13. 1 1 TILE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TILLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TILLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TILLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TILLE	of directors. Thereby accept the app	PL rpose of changi ointment as reg DATE TICERS AND DI	ing its registered RECTOR Change Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition Addition
I. Pursuant to or registere familiar with GNATURE	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid he and when a gridable. NO DIRECTORS D D	ELETE ELETE ELETE	ne above named corpor y the corporation's boa 13. 1 1 THE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 THE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 THE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 THE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 THE 52 NAME 53 STREET ADDRESS 6 1 THE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 THE 62 NAME	of directors. Thereby accept the app	PL rpose of changi ointment as reg DATE TICERS AND DI	RECTOR Change Change	egistered office agent. Fam RS IN 12 Addition Addition Addition Addition
Pursuant to or registere familiar with	ad agent, or both, in the State of Flon, and accept the obligations of, Sec Signature, byted or printed name of regularist age OFFICERS AI DP SINCLAIR, STANLEY 3872 SHERIDAN ST HOLLYWOOD FL 33021 DVS SINCLAIR, HELENE 3872 SHERIDAN ST	rida. Such change wa ction 607.0505, Florid he and when a gridable. NO DIRECTORS D D	ELETE ELETE ELETE	ne above named corpor y the corporation's boa 13. 1 1 TILE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TILLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TILLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TILLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TILLE	of directors. Thereby accept the app	PL rpose of changi ointment as reg DATE TICERS AND DI	RECTOR Change Change	egistered officiagent. I am RS IN 12 Addition Addition

STANLOT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR