SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022800 1. Corporation Name

FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90010 008 ***550.00

i DATATE	EL, INC.		,				-/	, , , , , , , , , , , , , , , , , , ,		٢	`~
							l			1800 88 00 88 00 (18	
Principal Place of Business Mailing Address								7 18871007 114 19120 71111 40111 83117 83117	***************************************	1911) BEIN SON 180	Ĭ,
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03		US						DO NOT WRITE IN THI	S SPACE	<u></u>	_
								3. Date Incorporated or Qualified 03/22/1993			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number	Applied For \		
21						65-0423313	Not Applicable				
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.					5. Certificate of Status Desired		5 Additional	
22			27						Fee	Required	_ ′
City & Stat	/ & State					6. Election Campaign Financing		May Be			
23		28						Trust Fund Contribution	Adde	d to Fees	_
Zip Country Zip				Country				8. This corporation owes the current year			
24	25	[29]		30				Intangible Personal Property.	Yes	No No	
	9. Name and Address of Curren	t Registered A	Agent		81	Name		10. Name and Address of New Registered	I Agent '	1	⊢ ;
MACKENZIE, BRENT C 53.2 LADY FINGER LAKE ROAD											
					82	Street	Addres	s (P.O. Box Number is Not Acceptable)	į	:	
SAM	NIBEL FL 33957				83					1	7
					84	City			85 · Z	p Code	\dashv
								FI	- :		_
11. Pursuant	to the provisions of sections 607.0502	and 607.1508	Florida Statute	s, the about	ove-	named o	orporat	ion submits this statement for the purpose of o 's board of directors. I hereby accept the appo	thanging its	registered	
agent. I a	am familiar with, and accept the obliga	itions of, section	in 607.0505, Flo	orida Stat	utes	,	oration	a board of directors. Thoroug bosopt the appe	munom 43	Togistor ou	
SIGNATURE				_			•				
Signature, typed or printed name of registered agent and title if applicable. (NO					E: Registered Agent signature requ			d when reinstating) \ DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIDEC	TODS IN 12	<u>چ</u>
12.	DP OFFICERS AND	DURECTORS		13. 1.1 TIT	71 5			ADDITIONS/CHANGES TO OFFICERS A			(5/99
TITLE	MACKENZIE, BRENT C		DELETE	1.1 III				4	Chang	e Addition	
NAME	5302 LADYFINGER LAKE ROA	n		1.2 NA	DEET	*000000	21111	8 BLIND PASS COURT			CR2F034
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CITY-ST-ZIP	SANDEL FE 33937		[1.4 CIT		ZIP		TIBEL PC 30 107.7	Channe	a Addition	ت ⊢
ì			DELETE	2.2 NA				Change			
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STREET ADDRESS						ADDDECC		`~,			
CITY-ST-ZIP	•			3.3 STF	REET	ADDRESS					
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	•		DELETE	3.3 STF 3.4 CIT 4.1 TIT	REET A				Chang	Addition	
NAME.	•		DELETE	3.3 STF 3.4 CIT 4.1 TIT 4.2 NA	REET A TY-ST- "LE .ME	ZIP			Chang	Addition	
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14. I hereby certify that the information supplies with this fling 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 supplymental 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 conforation 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 phaged or on an attachment with an address. SIGNATURE: