4-1798 B. 4932

7-17-98 B 4432 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 17 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000045711 (7)

RETAIL DATA MANAGEMENT SERVICES, INC.

•	ace of Business	Mailing Address			- templokat ita talba sinti datti datti datti datti dibal attii faasi (faat jist (sa)	
6346-65 LAN SUITE 23-C LAKE WORT		6346-65 LANTANA RD Suite 23-C Lake Worth FL 33 46			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 06/24/1993	
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number Applied For 65-0421885 Not Applied	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & Sta	ale	City & State			B. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 28	30	ntry	8. This corporation owes or has paid the current year otar gible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent	
	LMER, MARK F			81 Name		
7280 ANADALE CIRCLE LAKE WORTH FL 33467					dress (P.O. Box Number is Not Acceptable)	
				83		
				84 City	FL 85 Zip Code	
office or	nt to the provisions of Sections 607.6 registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida. Such change wa	is authorized	d by the corpora	poration submits this statement for the purpose of changing its registe ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	-					
12.	Signature, typed or printed name of registered	agent and little if applicable. (N AND DIRECTORS	IOTE: Registered	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 111	LE	Change Add	
NAME	ELMER, MARK F		1.2 NAME			
STREET ADDRESS	7280 ANADALE CIRCLE		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CF	TY-ST-ZIP		
TITLE		☐ DELETE	2.1 TIT		L] Change L] Addi	
NAME			2.2 NA			
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NAME			3.2 NA		_ , _	
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CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		TY-ST-ZIP		
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NAME			5.2 NA		_	
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 111		☐ Change ☐ Addi	
NAME			6.2 NA	ME		
			=	REET ADDRESS		

14. I 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 supplicmental 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 of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver