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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 20 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000063467 (3)

1. Corporation Name
**THE DATABRIDGE CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 4119 N. STATE RD. 7<br>MAIL STATION 235<br>LAUDERDALE LAKES FL 33319 | 4119 N. STATE RD. 7<br>MAIL STATION 235<br>LAUDERDALE LAKES FL 33319 |

3. Date Incorporated or Qualified: 09/13/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0437559 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3600 S. State Road 7 | 26 |
| Suite, Apt. #, etc 22 Suite 306 | Suite, Apt. #, etc. 27 |
| City & State 23 Miramar, FL. | City & State 28 |
| Zip 24 33023 Country 25 USA | Zip 29 Country 30 |

**9. Name and Address of Current Registered Agent**

HERRING, CHARLES B
20302 NORTHWEST 52ND COURT
MIAMI FL 33055

**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] 4-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1 1 TITLE | ☐ Change ☐ Addition |
| NAME | HERRING, CHARLES B | 1 2 NAME | |
| STREET ADDRESS | 20302 NORTHWEST 52ND COURT | 1 3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33055 | 1 4 CITY - ST - ZIP | |
| TITLE | | 2 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2 2 NAME | |
| STREET ADDRESS | | 2 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2 4 CITY - ST - ZIP | |
| TITLE | | 3 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3 2 NAME | |
| STREET ADDRESS | | 3 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3 4 CITY - ST - ZIP | |
| TITLE | | 4 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4 2 NAME | |
| STREET ADDRESS | | 4 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4 4 CITY - ST - ZIP | |
| TITLE | | 5 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5 2 NAME | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5 4 CITY - ST - ZIP | |
| TITLE | | 6 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6 4 CITY - ST - 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:** [signature] 4-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0227969 CP