

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000063467 (3)

1. Corporation Name

THE DATABRIDGE CORPORATION



Principal Place of Business

3600 S STATE ROAD 7
STE 306
MIRAMAR FL 33023
US

Mailing Address

4119 N. STATE RD. 7
MAIL STATION 235
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

2a. Mailing Address

21 2131 Hollywood Blvd

26 2131 Hollywood Blvd

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 Suite 207

27 Suite 207

City & State

City & State

23 Hollywood FL

28 Hollywood, FL

Zip

Zip

24 33020

29 33020

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/13/1993

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0437559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 typed or printed name of registered agent and the date of signature

DATE: Registered Agent Signature Required when Resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HERRING, CHARLES B
STREET ADDRESS 20302 NORTHWEST 52ND COURT
CITY-ST-ZIP MIAMI FL 33055

☐ DELETE

TITLE
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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

45

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

55

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

65

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

954-927-2884

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