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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400002914 (7)

SYMPLEX DATA TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

260 SCARLET BLVD. OLDSMAR FL 34677 260 SCARLET BLVD. OLDSMAR FL 34677-301

| FILED |
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| Jun 24 1997 8:00am |
| Secretary of State |



| OLDSMAR FL 34677 | | | OLDSMAR FL 34677-3016 | | | | ĺ | | | | |
|-------------------------------|---|--|---------------------------------|------------------------------|---------------------------------|------------------------------|---|---|---------------------------|-------------------------------|-----------------------------|
| | | | | | | | I | ate Incorporated or Qualified | 1 | te of Last F 5/1996 | Report |
| 2. Principal Pi | lace of Business | | 20. Mail | ing Address | | | 4. F | El Number | l· | A | pplied For |
| 2010 | 2010 Oakview Lane | | | | e | <u>59-3128791</u> | | N | ot Applicable | | |
| Suite, Apt. | Suite, Apt. #, etc. | | | | | ertificate of Status Desired | | T T | Additional equired | | |
| | Harbor, | | City & State 28 Palm Harbor, FL | | | I | ection Campaign Financing rust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip 3468 | | untry US | Zip 29 | 34683 | 30 Co | untry US | I | his corporation has liability for lorida Statutes | intangible Yes | | 3. 199.032, |
| | | idress of Current f | Registered | Agent | | | 10. N | ame and Address of New Re | gistered A | gent | |
| 260 OLD | ROS, GUIDO L SCARLET BLVD. SMAR FL 34877 | Postione 607 0500 | and 607 1E | 09. Flerida C | tolutes the c | 83 84 City | | Box Number is Not Acceptated. | FL | - | Code |
| office or re agent. I ar | egistered agent, or i m fam iliar with, and | both, in the State of accept the obligation | Florida. Su ons of, Sec | ich change v tion 607.050 | was authorize 5, Florida Sta | d by the corpo tutes. | corporation s oration's boa | submits this statement for the part of directors. I hereby accept | purpose of pl the appo | chänging i intment as | ts registered registered |
| SIGNATURE | Sinature, typed or printed | name of regularization | | | (NOTE: Registere | d Agent signature re | Govine) when re | nstaling) | | - | |
| 12. | | OFFICERS AND I | DIRECTOR | s A | 13. | o rigini ogradici to | | DITIONS/CHANGES TO OFFIC | CERS AND | DIRECTOR | 7S IN 12 |
| TITLE | D | _ | | DELETE | 1.11 | TLE | | | | Change | Addition |
| NAME | RIVEROS, GUID | | | | 1.2 N | AME | | | | | |
| STREET ADDRESS | 2447 PARKSTRI | | | | 1.3 \$ | TREE1 ADDRESS | | | | | |
| CITY-ST-ZIP | CLEARWATER F | L 34619 | | | | TY-ST-ZIP | | | | | |
| TITLE | D. | SPRT A | | DELETE | | | 61 | | i | Change | Addition |
| NAME | MCDANIEL, ROI | | | | 2.2 N | | ACD. | MILE, ROBERT | 1. | | |
| STREET ADDRESS | 601 E. ROSERY LARGO FL 3464 | | | | | TREET ADDRESS | 1200 | O AKVZEW LAW | 1/1 | , | |
| CITY-ST-ZIP | LHIGO PL 3404 | ···· | | DELFTE | | 11Y - \$1 - ZIP | | Jux bond Til | 66 | / | |
| TITLE | | | | L.J DECETE | | | (BE) | MARBOR, FL S | 14,800 | Change | Addilion |
| NAME | | | | | 3.2 N | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | REET ADORESS | | | | | |
| TITLE | | | | DELETE | | ITY-ST-ZIP | | | | Change | Addition |
| NAME | | | | | 4.21 | | | | I | Onlings | Laboratori Lab |
| STREET ADDRESS | | | | | | TREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | 1Y-S1-71P | | | | | İ |
| TITLE | | | | DELETE | | | | | | Channe | Addition |
| NAME | | | | | 5.2 N | | | | Į | - Vilange | |
| STREET ADDRESS | | | | | | IREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | TY-ST-ZIP | | | | | |
| TITLE | | | | DELETE | | | | | | Change | Addition |
| NAME | | | | 000010 | 6.1 I | | | | | Onenge | AVUICION |
| STREET ADDRESS | | | | | | TREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | TY-ST-ZIP | | | | | |
| | w oartify that the infe | ormation cumplied u | dilly thin filling | si dose pol s | | | oted in Pecti | on \$10 07(2\f) Florida Platuta | a I tudbar | north, that | 41 |

I do 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 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.

CDS ATCHESTE AND OFFICE A