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 25 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000007187 (5)**

1. Corporation Name
DATA RESOURCE CORP.

Principal Place of Business	Mailing Address
13727 SW 152ND ST STE. 284 MIAMI FL 33177	13727 SW 152ND ST STE. 284 MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1994
3a. Date of Last Report:

2. Principal Place of Business 21 1578 MADRUGA AVE	2a. Mailing Address 26 1578 MADRUGA AVE	4. FEI Number 65-0473703 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 SUITE #194	Suite, Apt. #, etc. 27 SUITE #194	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 33146 Country 25 USA	Zip 29 33146 Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, PATRICK D
13727 SW 152ND ST
STE. 284
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name: WILLIAMS, PATRICK O.
82 Street Address (P.O. Box Number is Not Acceptable): 1578 MADRUGA AVENUE
83: SUITE #194
84 City: CORAL GABLES FL 85 Zip Code: 33146

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: PATRICK O. WILLIAMS PRESIDENT — Patrick O. Williams — 4-21-95
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	PD	11 TITLE	PD ☒ Change ☐ Addition (CHANGE OF ADDRESS)
NAME	WILLIAMS, PATRICK D	12 NAME	WILLIAMS PATRICK O.
STREET ADDRESS	13727 SW 152ND ST STE. 284	13 STREET ADDRESS	1578 MADRUGA AVE
CITY-ST-ZIP	MIAMI FL 33177	14 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: by Patrick O. Williams President — 4-21-95 — 305-442-4376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184353 CR