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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P94000007677 (5)

DETERMINISTIC DATA SYSTEMS, INC. Mailing Address Principal Place of Business 13056 BROAKFIELD CIR 13056 BROAKFIELD CIR ORLANDO FL 32837 ORLANDO FL 32/337 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1994 05/01/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3227455 21 26 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Zip Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRUBB, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 13056 BROAKFIELD CIR 83 ORLANDO FL 32837 85 Zip Code 84 City 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

SI NOTE: B CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition 1 1 TITLE DELETE TITLE DPST 1.2 NAME GRUBB, STEVEN R NAME 1.3 STREET ADDRESS STREET ADDRESS 13056 BROAKFIELD CIR ORLANDO FL 32837 1.4 CITY - ST - ZIP City-St-7/P ☐ Addition ☐ Change DELETE 2.1 TITLE TIFLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3. 1 TITLE TILLE 3.2 NAME NAM: 3.3. STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST- ZIP Change Addition DELETE 4 1 TITLE HILE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-SE-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fring 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 early; 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

THILE

NAME

STREET ADDRESS

GNING OFFICER OR DIRECTOR

□ DELETE

☐ Change

Addition