

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000011434 (5)
 1. Corporation Name
DATA COLLECTION INC.



Principal Place of Business 144 RESERVE CIR #200 OVIDO FL 32765	Mailing Address 144 RESERVE CIR #200 OVIDO FL 32765
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3 Date Incorporated or Qualified 02/11/1994	
4 FEI Number 59-3218067	Applied For <input type="checkbox"/> Not Applicable
5 Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TIPTON, DANIEL N
144 RESERVE CIR
#200
OVIDO FL 32765**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DODGE, ROBERT C.	
STREET ADDRESS	144 RESERVE CIR. #200	
CITY-ST-ZIP	OVIDO FL	
TITLE	PDS	<input type="checkbox"/> DELETE
NAME	TIPTON, DANIEL N.	
STREET ADDRESS	144 RESERVE CIR. #200	
CITY-ST-ZIP	OVIDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWINFORD, MICHEAL A.	
STREET ADDRESS	490 W 18TH STREET	
CITY-ST-ZIP	SNAFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PD TIPTON, DANIEL N.
23 STREET ADDRESS	144 RESERVE CIR #200
24 CITY-ST-ZIP	OVIDO, FL 32765
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD SWINFORD, MICHAEL A.
33 STREET ADDRESS	490 W. 18TH STREET
34 CITY-ST-ZIP	SNAFORD FL
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I 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 in an attachment with an address.

CR2E034 (10/97)

SIGNATURE _____ DATE _____