

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF REVENUE AND TAXES
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY -1 PM 9:59

DOCUMENT # P94000012297 (5)

VALIDATA NATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Location		2a. Mailing Address		3. Date of Incorporation		3a. Date of Last Report	
3303 W. COMMERCIAL BLVD. SUITE 201 FT. LAUDERDALE, FL		3303 W. COMMERCIAL BLVD. SUITE 201 FT. LAUDERDALE, FL		02/15/1994			
21. 3333 W. COMMERCIAL BLVD		2a. SAME AS 2		4. FE Number		65-0470798	
22. SUITE 113		27. State and County		5. Certificate of State (Number)		\$8.75 Additional Fee Required	
23. FT. LAUDERDALE, FL		28. City and State		6. Director (Name)		\$5.00 May Be Added to Fees	
24. 33309		25. U.S.		29. This corporation has liability for estate tax under the 1976 Florida Statute		☒ No ☐ Yes	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COKER, RICHARD G JR 3303 W. COMMERCIAL BLVD. SUITE 201 FT. LAUDERDALE, FL			
B1. Name			
B2. Street Address (City, State, Zip)			
B3. City			
B4. State		FL	
B5. Zip Code			

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, the above named corporation hereby certifies that the purpose of this report is to report its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, if newly created, or the appointed or registered agent, if any, and accepted the principles of law and equity of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHERS	
NAME: PD WALLY, SUSAN M 3303 W. COMMERCIAL BLVD., # 201 FT. LAUDERDALE, FL 33309		☒ Change ☐ Add	
NAME: VSTD TINTER, RACHELLE 3303 W. COMMERCIAL BLVD., # 201 FT. LAUDERDALE, FL 33309		☒ Change ☐ Add	
NAME: COKER, RICHARD G JR 1318 S.E. 2ND AVE. FT. LAUDERDALE, FL 33316		☐ Change ☐ Add	
NAME: _____		☐ Change ☐ Add	
NAME: _____		☐ Change ☐ Add	
NAME: _____		☐ Change ☐ Add	
NAME: _____		☐ Change ☐ Add	
NAME: _____		☐ Change ☐ Add	
NAME: _____		☐ Change ☐ Add	
NAME: _____		☐ Change ☐ Add	
NAME: _____		☐ Change ☐ Add	

14. I hereby certify that the information reported with this form is voluntarily furnished and is not required for the reporting of the corporation's tax liability under the Florida Statutes. I further certify that the information reported is true and correct to the best of my knowledge and belief, and that the same is not required for the reporting of the corporation's tax liability under the Florida Statutes. I further certify that the information reported is true and correct to the best of my knowledge and belief, and that the same is not required for the reporting of the corporation's tax liability under the Florida Statutes. I further certify that the information reported is true and correct to the best of my knowledge and belief, and that the same is not required for the reporting of the corporation's tax liability under the Florida Statutes.

SIGNATURE: *Susan M. Wally*
SIGNATURE AND TYPE OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR
SUSAN M. WALLY
April 24, 1995 305-735-8020