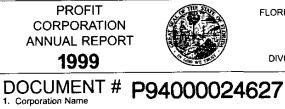
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DATA DECISIONS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90123 010 ***158.75

	. {

Principal Place of Business Mailing Address						
346 OFFICE PLAZA DRIVE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301					DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 03/31/1994
		2- 14-35- 14-4		-		4. FEI Number Applied For
— '	lace of Business	2a. Mailing Address				59-3232734 Not Applicable
Suite, Apt.	# ata	26 Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·			\$8.75 Additional
22 Suite, Apr.	#, etc.	27				5. Certificate of Status Desired Fee Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	· ·			8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curre	29 ant Bagistared Agent	30	Т		10. Name and Address of New Registered Agent
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Hamo una youroso ot too nogoto o
ROSENTHAL, ELAINE H		82		ess (P.O. Box Number is Not Acceptable)		
	GLENBROOK DR _AHASSEE FL 32311			83		· · · · · · · · · · · · · · · · · · ·
				84	,	FL 85 Zip Code
office or n agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblique.	le of Florida. Such change v	was authorize	עם ס	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registered	d Agen	t signature required	
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELE				☐ Change ☐ Addition
NAME	ROSENTHAL, ELAINE H		1.2 N	AME		
STREET ADDRESS	242 GLENBROOK DR		138	TREET	F ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL			ITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELE				Change D Addition :
NAME			2.2 N			المعطيب محمد دار موسود المساد الماسية
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP		□ 051.5		CITY-S	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELE				
NAME			3.2 N			
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP	1					
		□ nei e		CITY-S	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELE	TE 4.1 T	ITLE	ST-ZIP	☐ Change ☐ Addition
NAME		☐ DELE	TE 4.1 T 4.21	TITLE NAME		☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELE	TE 4.1 T 4.2 t 4.3 S	ITLE NAME STREET	T ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			TE 4.1 T 4.2 t 4.3 S 4.4 C	ITLE NAME STREET CITY-S	T ADDRESS	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELE	TE 4.1 T 4.2 t 4.3 S 4.4 C	ITLE NAME STREET SITY-S'	T ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			TE 4.1T 4.21 4.3 S 4.4 C TE 5.1 T 5.2 N	TTLE STREET STY-S TTLE IAME	T ADDRESS	
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS			TE 4.1T 4.21 4.3 5 4.4 C TE 5.1T 5.2 N 5.3 S	TTLE STREET STY-S TTLE IAME	T ADDRESS T-ZIP T ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			TE 4.1T 4.21 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	TTLE STREET STY-S' TTLE HAME STREET STREET	T ADDRESS T-ZIP T ADDRESS	
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS		□ OELE	4.1TE 4.1T 4.21 4.3S 4.4C TE 5.1T 5.2N 5.3S 5.4C	TTLE STREET STY-S' TTLE HAME STREET STREET	T ADDRESS T-ZIP T ADDRESS	☐ Change ☐ Addition

CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE: