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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P94000039758 (5)

DATA BASED, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										-				
91551 OVERSEAS HWY TAVERMER FL 33070					P.O. BOX 634 TAVERNIER FL 33070					DO NOT WRITE	IN THIS S	PACE		
										3. Date Incorporated or Qualified				
										05/23/1994				
2. Principal P	lace of Busin	ness		28	a. Mailing Address					4, FEI Number			Ap.	plied For
21					26					65-0490077			No	Applicable
Sulte, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired				dditional quired
City & Stat	0				City & State					6. Election Campaign Financing		\$5.	.00	May Be
23				28	28					Trust Fund Contribution				Fees
Zip	Zip Country				Zip Cou				-	8. This corporation owes or has paid	d the curi	ent yea	ar Inte	ıngible
24	25			29						Personal Property Tax due June 3		Yes		No
	g, Name	and	Address of Current	t Regi	stered Agent			r		10. Name and Address of New Reg	stered /	gent		
E	E VUYST,	MARI	K				81	Nan	ne					
	53 PLANTA AVERNIER		N SHORES DRIVE				82	Stre	reet Address (P.O. Box Number is Not Acceptable)					
•	WARMAICH	rt o	3070				83							
							84	City			FL	85	Zip C	ode
11. Pursuant	to the provisi	ions c	of Sections 607.0502	and I	607.1508, Florida Statu	utes, the a	bove d by	-nam ≀the c	ed corpo	pration submits this statement for the punn's board of directors. I hereby accept	rpose of	changi	ng its	registered
agent. I a	ım te miliər wi	th, an	id accept the obliga	tions (of, Section 607. 0505, F	lorida Sta	lutes	3.	. p	,,				9.5.0
SIGNATURE	Stgnature, typed	or brint	ediname of registered ager	al and M	le d applicable (NC	TE: Registere	d Age	nt signa	ture required	d when reinstating)	DATE			
12. OFFICERS AND					DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC	TOR	S IN 12
TITLE	PS				DELETE	1.1 1	ITLE					Cha	nge	Addition
NAME	DE VU	IYST,	MARK		1			1.2 NAME						ſ
STREET ADDRESS 153 PLANTATION SHORES D					VE 1.3 S			.3 STREET ADDRESS		\$1				
CITY-ST-ZIP	TAVER	NIEF	R FL			1.40	HTY-S	T-ZIP						
TITLE	Vī				☐ DELETE	2.1 T	ITLE					Cha	nge	Addition
NAME	WEYD	ENEF	R, PHILLIP			2.2 N	IAME							
STREET ADDRESS								REET ADDRESS						
CITY-ST-ZIP	KEY L	ARG	O FL			2.41	CITY-S	ST-ZIP						
TITLE					DELETE	DELETE 3.1 TI						☐ Cha	nge	Addition
NAME						3.2 h	AME		-					
STREET ADDRESS						335	TREET	ADDRES	s [
CITY-ST-ZIP						3.4.3	CITY-S	T - ZIP						
TITLE					☐ DELETE	411	ITLE					☐ Čha	nge	Addition
NAME						4.21	MAME							
STREET ADDRESS						4.3 \$	TREET	ADDRES	is					
CITY-ST-ZIP							ITY-S	T-ZIP						
TITLE					☐ DELETE	5.1 T	ITLE					Cha	nge	Addition
NAME						5.2 N	AME							ļ
STREET ADDRESS						5.3 S	TREET	ADDRES	s					
CITY-ST-ZIP							ITY-S	T-ZIP				r=q ·· <u>··</u> : ·		
TITLE					DELETE	6.1 T	ITLE					Cha	nge	☐ Addition
NAME						6.2 N	IAME		1					!
STREET ADORESS						6.3 S	TREET	ADDRES	s					
CITY-ST-ZIP							ITY-S							
14. I hereby o	certify that the	e info	rmation supplied wi	th this	filing does not qualify	for the ex	empt	tion st	ated in S	ection 119.07(3)(i), Florida Statutes. I fi	urther ce	rtify tha	t 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 one attachment with on address.

305 852 9900