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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000094312 (3)

ASPEN DATA SERVICES, INC.

FILED Feb 26 1997 8:00am Secretary of State



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29 30 Florida Statutes Pres No. 9. Name and Address of Current Registered Agent COX, CHRISTOPHER 8816 BETH COURT ODESSA FL 33558 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Value of City FL 85 Value o	l to Fees
9. Name and Address of Current Registered Agent COX, CHRISTOPHER 8616 BETH COURT ODESSA FL 33556 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zig 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 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 is agent. I am familiar with, and acceptable objections of, Socioto 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 is agent. I am familiar with, and acceptable of purpose of changing of the provision of the provisions of Socioto 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 is agent. I am familiar with, and acceptable) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR In 11 ITILE COX, CHRISTOPHER 8818 BETH COURT 13 STREET ADDRESS CITY-ST-ZIP DELETE 11 ITILE 12 ADME 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TILE 14 CITY-ST-ZIP 15 CITY-ST-ZIP 16 CITY-ST-ZIP 17 Change 18 CITY-ST-ZIP 18 CITY-ST-ZIP 19 Change 19 Change 19 Change 19 Change 19 Change 19 Change 10 Change 10 Change 11 City-ST-ZIP 11 Change 12 A CITY-ST-ZIP 11 CITY-ST-ZIP 11 CITY-ST-ZIP 12 CITY-ST-ZIP 13 CITY-ST-ZIP 15 CITY-ST-ZIP 16 CITY-ST-ZIP 17 CITY-ST-ZIP 18 CITY-ST-ZIP 18 CITY-ST-ZIP 18 CITY-ST-ZIP 19 CITY-ST-ZIP 19 CITY-ST-ZIP 10 CITY-ST-ZIP 10 CITY-ST-ZIP 11 CITY-ST-ZIP 11 CITY-ST-ZIP 11 CITY-ST-ZIP 12 CITY-ST-ZIP 13 CITY-ST-ZIP 14 CITY-ST-	s. 199.032,
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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; the Lam 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 in an attachment with an address.

SIGNATURE

NATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

813.926.9229