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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500000280 (4)

DATASTUDY OF FLORIDA, INC.

Principal Place 925 LAKE WYA BOCA RATON	D -7806								
						3, Date Incorporated or Qualified 01/03/1995	3a. Date of 06/13/1		port
2, Principal P	lace of Business	2a. Mailing Address				4. FEI Number 65-0544208		App	olied For Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	11 * -		dditional
City & State		City & State	City & State			Election Campaign Financing     Trust Fund Contribution     Added to Fees			
Zip	Country Zip 25 29		Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curr	rent Registered Agent				10, Name and Address of New Re	gistered Agent		
F# 6	NGS INC.			B1 1	Name		· · · · · · · · · · · · · · · · · · ·		
3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311				82 5	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)	·······	
F1.	ENODERDALE PE 30011		ŀ	93				<del></del>	
					City		FL 85	Zip C	
office or r agent I a AG SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	/	12	wel	oration submits this statement for the pon's board of directors. I hereby accept the polytopic of directors and the polytopic of the polytopic	4/04/9	7	
12.	, — — — — — — — — — — — — — — — — — — —	AND DIRECTORS	13.		<del>,</del>	ADDITIONS/CHANGES TO OFFIC			
THTLE	D	[] DELETE		1.1 TITLE				hange	Addition
NAME	GULBAN, ANN M	1.2 NAME		Æ					
STREEL ADDRESS	4 HEMLOCK DRIVE			1.3 STREET ADDRESS					1
CHY-ST-ZIP	DENVILLE NJ 07834			1.4 CITY-ST-ZIP					Addition
TITLE	D Gulban, Michael							hange	LI AOGILION
NAME	4 HEMLOCK DRIVE		2 2 NAME 2 3 STREET ADDRESS		00000		4, =		
STREET ADDRESS CITY-ST-ZIP	DENVILLE NJ 07834		2 4 CITY-ST-ZIP						
TITEF	DETTICLE IN CIOCI	☐ DELETE			<u>zir</u>			hange	Addition
NAME		<del>-</del>	3 2 NA	-				-	
STREET ADDRESS			3.3 STF	EET AD	DRESS				
CITY-ST-ZIP			3.4. CIT	Y-\$T-2	ZIP				
TITLE		☐ DELETE	4.1 T)T)	.E			C	hange	☐ Addition
NAME			4. 2 NA	Mξ					
STREET ADDRESS			4.3 STF	EET AD	DRESS				
CITY+\$1-ZIP			4.4 CIT	Y-\$1-Z	IP.				
TITLE		DELETE	5.1 TITI	.E			□ C	hange	Addition
NAME			5.2 NAI		1				
STREET ADDRESS			5.3 STF	EET AD	DRESS				
CITY-ST-ZIP		D her ree		Y-ST-Z	riP				Addition
TITLE		☐ DELETE	6.1 1171					nange	Addition
NAME			6.2 NAI						ļ
STREET ADDRESS			6.3 STF	EET AD	oress				

14. I do 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.