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

**PROFIT** CORPORATION ANNUAL REPORT

1999

24



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90054 002 \*\*\*158.75

		HONDON BOND	

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DOCUMENT # P95  1. Corporation Name	00000280							
DATASTUDY OF FLORIDA, INC.								
Principal Place of Business	Mailing Address							

925 LAKE WYMAN ROAD 925 LAKE WYMAN ROAD **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/03/1995 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0544208 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 23 Country Zip

8. This corporation owes the current year Intangible Country Zip □No Personal Property Tax. ☐ Yes 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81

FILINGS INC. 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311

Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code City 85

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 its registered 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 as registered agent. I am familia with, and accept the obligations of. Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaturg) DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	GULBAN, ANN M	1.2 NAME	(		
STREET ADDRESS	4 HEMLOCK DRIVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	DENVILLE NJ 07834	1.4 CITY-ST-ZIP			
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME:	GULBAN, MICHAEL	2.2 NAME	,		
STREET ADDRESS	4 HEMLOCK DRIVE	2.3 STREET ADDRESS			
CITY-ST-ZIP	DENVILLE NJ 07834	2.4 CITY-ST-ZIP	The second secon		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS	·	3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP	<u> </u>		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME	,		
STREET ADORESS		5.3 STREET ADDRESS	,		
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
		■	1		

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