

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # P95000002197 (8)

1. Corporation Name

DATA SYSTEMS OF AMERICA, INC.



Principal Place of Business

Mailing Address

37 WAX MYRTLE COURT
HILTON HEAD ISLAND SC 29926

37 WAX MYRTLE COURT
HILTON HEAD ISLAND SC 29926-1051

3. Date Incorporated or Qualified

01/10/1995

3a. Date of Last Report

12/10/1996

4. FEI Number

59-3290622

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 200 PROFESSIONAL BLDG.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 17

27

City & State

City & State

23 HILTON HEAD ISLAND SC

28

24 29928

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARINO, CARMEN
6 PALM ROW
ST. AUGUSTINE FL FL320-84

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ V.P. ☐ DELETE

NAME MARINO, CARMEN
STREET ADDRESS 37 WAX MYRTLE COURT
CITY-ST-ZIP HILTON HEAD ISLAND SC 29926

1.1 TITLE MARINO CARMEN V.P. ☒ Change ☐ Addition

1.2 NAME 37 WAX MYRTLE COURT
1.3 STREET ADDRESS HILTON HEAD ISLAND SC 29926
1.4 CITY-ST-ZIP

TITLE ☒ S ☒ DELETE

NAME MARINO, CARMEN
STREET ADDRESS 37 WAX MYRTLE COURT
CITY-ST-ZIP HILTON HEAD ISLAND SC 29926

2.1 TITLE P. HARLAN BATCHELDER ☐ Change ☒ Addition

2.2 NAME 21 MEDBURY ROAD
2.3 STREET ADDRESS ATTLEBORO MA 02760
2.4 CITY-ST-ZIP

TITLE ☒ P. HARLAN BATCHELDER ☐ DELETE

NAME 21 MEDBURY ROAD
STREET ADDRESS NORTH ATTLEBORO MA 02760
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

Carmen Marino V.P. 803-837-3089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011961

CR2E034 (9/96)