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

P95000002197 (8) DOCUMENT #

DATA SYSTEMS OF AMERICA, INC.

FILED Apr 24 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address									1 100110	U) 118 18181 BINI 40111 V	Mant Americ Mariet d	3911¥ (1881 1181)	, 18111 1841	1941
200 PROFESS	SIONAL BLDG	7 WAX MYRTLE	X MYRTLE COURT											
#17			H	HILTON HEAD ISLAND SC 29926										
HILTON HEAD ISLAND SC 29928									DO NOT WRITE IN THIS SPACE					
US				3					3. Date Inc. 01/10/	orporated or Quali	ified			
				フロ	5 <u>A</u>	1		nt d	4. FEI Num					
2. Principal Place of Business			├ ──¬	Mailing Addre	ONO FOOTERS				290622		<u> </u>	Applied		
21			26	Suite, Apt. #, etc.				1 %	<u> </u>	280022		60.7		plicable
Suite, Apt. #, etc.			<u> </u>						5. Certificat	te of Status Desire	ıd 🔲	-	5 Additi Require	
City & State			27	27 AUD PROFESSTOWAL BUCK					6 5 1					
23			20	28 HHI,5C						Campaign Financ nd Contribution	ing 🗆		00 May ed to Fe	
Zip Country				Zip Cou						poration owes or h				
24	25		20	29 29928 30		USA			Property Tax due	•	Yes	☐ No		
	9. Name and Address of Current								10. Name and Address of New Registered Agent					
MA	RINO, CAR	MEN		<u></u>		81	Name							
6 PALM ROW							Charact	. ما ما - م	(D.O. Day N	lumbaria Nas Aas	antable)			
ST. AUGUSTINE FL FL320-84							Street A	Addre:	SS (P.O. BOX N	lumber is Not Acc	еріавів)			
						83								
						84	City				F	E 85 Z	ip Code	,
11. Pursuant t	to the provisi	ions of Sections 607.09	02 and 6	07.1508, Florida	Statutes, the	abov	e-named (corpo	ration submits	this statement for	the purpose	e of changin	g its reg	istered
office or re	egistered ag	ent, or both, in the Statth, and accept the obli	te of Flori	da. Such chang	e was authoriz	ed b	y the corp	oratio	n's board of d	lirectors. I hereby	accept the a	ppointment	as regis	stered
	in terminal to	in, and accept the con	gaasaa	., 000	ood, menda o.	۵.0.0	<i>.</i>							
SIGNATURE	Signature, typed	or printed name of registered a	iger Land Idio	rl applicable	(NOTE Registe	red Ag	ent signature i	required	when reinstating)		DATE			
12.		OFFICERS A	ND DIREC		13	,				IS/CHANGES TO	OFFICERS A			
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NAME), CARMEN			1.2	NAME		ΜĄ	GAD G	voet process	.			
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14. 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.

ARMEN MARINO