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

DOCUMENT #	P95000036036	(8
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DATA COMP, INC.

Principal Place of Business Mailing Address				1 18411001 110 74101 46111 68111 6811	DIN 20:50 30:00 0 103 40:00 (fet0 din t20:		
		1251 SW 178TH WAY PEMBROKE PINES FL 330	ii sw 178th way Mbroke Pines Fl 33029-4918				
					3. Date Incorporated or Qualified 05/03/1995	3a. Date of Last Report 03/27/1996	
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0591012	Applied For Not Applica	
Suite, Apl	t #, €tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ite	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Coun 30	itry	This corporation has liability for Florida Statutes	Yes No	
<u></u>	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New F	Registered Agent	
i LAI	ndi, maria		1	81 Name			
	1251 SW 178TH WAY PEMBROKE PINES FL 33029		ļī.	82 Street Address (P.O. Box Number is Not Acceptable)			
PE			-	83			
1				93			
			- 1	84 City		FL 85 Zip Code	
office or agent 1	registered agent, or both, in the St am familiar with, and accept the ot	0502 and 607.1508, Florida Statut ate of Florida. Such change was a oligations of, Section 607.0505, Fix	tes, the abo authorized orida Statu	ove-named cor by the corpore ites.	poration submits this statement for the ation's board of directors. I hereby acc	purpose of changing its register ept the appointment as registere	
SIGNATURE	Sociation, typod or printed name of registered	agont and title if applicable (NOT	E Registered	Agent signature requ	ilred when reinstating)	DATE	
12.	OFFICERS.	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
THUE	D	☐ DELETE	1,1 1914	Æ		☐ Change ☐ Addi	
NAME	LANDI, MARIA		1,2 NAM	ME			
STREET ADDRESS	,		1.3 STR	EET ADDRESS			
CBV-ST 7P	PEMBROKE PINES FL 3302			Y-ST-ZIP	······································		
THLE		☐ DELETE	2.1 7171	i i		Change Addi	
NAME	1		22 MAI	ar Ì			

2.3 STREET ADDRESS

2 4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

DELETE

DELETE

DELETE

14. I do hereby certify that the information supplies with this filling 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 of 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 thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachmentally an address.

SIGNATURE:

STREET ADORESS

STREET ADDRESS CITY-ST-ZIF

STREET ADDRESS

CHY ST 7P

CITY ST-70F

THLE

hltE

NAME

THE

NAME

TUPE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

4/15/9) 450-9090

FILED

Apr 21 1997 8:00am

Secretary of State

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