SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #

P95000047568 (7)

DATA SYSTEMS AND STORAGE, INC.

DATA SYSTEMS AND STORAGE, T	NU.			1 <u> </u>
Principal Place of Business	Mailing Address			PP BADEL MIGHT TANDI AININ ANIAI 1814 LANDI
INTERSECCTION OF DIXIE STREET AND BARBER AVE.	INTERSECCTION OF DIXIE AVE.	STREET AND BARBER		
CROSS CITY FL 32626	CROSS CITY FL 32628		3. Date Incorporated or Qualified 06/15/1995	3a. Date of Last Report
Principal Place of Business	2a. Mailing Address	1409	4. FEI Number, 332 325	Applied For Not Applicable
Suite, Apt. #, etc	26 7. O. Oox Suite, Apt #, etc	110[FT \$8.75 Additional
Suite, Apr. W, etc	27		5. Certificate of Status Desired	Fee Required
City & State Cross C. ty Fl	City & State 28 Cross Cit	y Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	20 32428 3	Country	This corporation has liability for Florida Statutes	intang ble tax under si 199 032, i No
多ないると 25 9. Name and Address of Currer	123	30	10. Name and Address of New Re	
	Trogistorou vigori	81 Name		
HODGES, RAYMOND H INTERSECCTION OF DIXIE STREET	AND RARRER	B2 Street Add	Iress (P.O. Box Number is Not Acceptat	ole)
AVE.	AND DANDEN			
CROSS CITY FL 32628		83		
*******		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607 050 office or registered agent, or both, in the State		No object possible open	paration submits this statement for the re	urpose of chapping its registered
GNATURE Signarile hypotherip interaction of the promoted at	nraed troif applicable (NOTE ID DIRECTORS	Hag stered Agent signature requ	ured when reinstalling) ADDITIONS/CHANGES TO OFFI	
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AME HODGES, RAYMOND J JR.		1.2 NAME		
INTERSECCTION OF DIXIE S	TREET AND BARBER	1 3 STREET ADDRESS		
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NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
		6.4 CiTY - S1 - ZIP		
	ied with this filing is voluntarily fu	rnished and does not questal angual report is to	ualify for the exemption stated in Section ie and accurate and that my sional ire s	∓119 07(3)(k). Horida Statutes T hall have the same lega' effect as
 I do hereby certify that the information suppl further certify that the information indicated of made under oath, that I am an officer or dire 	ctor of the corporation or the rec	eter or trustee empowe	red to execute this report as required b	y Chapter 617, Floridā Statutes, a
that my name appears in Block 12 or Block 1	3 if changed, or on an attachme	nt Mith an address		
CICALATUDE:	121/1	V .	7/5/96 3	52 - 418- 0880 Day-ma-Plane 8
SIGNATURE:	ON PRINTED NA 15 DE COMO DESIGNE	NA DIRECTOR	Easte	Daytme Plsine #