FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000052146 (4) **DOCUMENT #**

1. Corporation Name

DATASECURE, INC.

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Principal Place 3300 NORT AVENTURA	HEAST 191 STREET, SUITE LP 14	Mailing Address 3300 Northeast 191 Street, Suite LP 14 AVENTURA FL 33180					
					3. Date Incomprated or Qualified 07/06/1995	3a. Date of Last I	Report
2. Principal Pla	ice of Business	2a. Mailing Addre	ess		4. FEI Number		Applied For
Suite, Apt. #	i ole	Suito Ast #	L		65-057200		Not Applicable
2	. 00	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	i '		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Ζφ Τ1	Country	Zip		intry	8. This corporation has liability for i		199.032,
4	25 9. Name and Address of Current	Registered Agent	30	r	Florida Statutes Yes		
	o, mand and plantage of carrent	Tiegisteles Agent		81 Name	10. Name and Address of New R	egistered Agent	
	W FIRM OF LAWRENCE J SPIE	GEL CHRTD		82 Street Addr	ess (P.O. Box Number is Not Acceptab		
	MERIA AVENUE			380 g	N.F. 1918 ST.	LPIY	
CORAL	GABLES FL 33134			83			
				84 City 4 3		 85 Z	ip Code
11 Pursuant to	the provisions of Sections 607 0502	and 607 1509. Florida	Statutes the she	1 40	ation submits this statement for the pur	FL S	33180
or registers	agent, or both, in the State of Florida in, and accept the obligations of, Section	a. Such change was a	authorized by the (corporation's boar	allori submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its pintment as registere	registered office d agent. I am
SIGNATURE	it and accept the obilgations of section	in 607.0000, Florida 8	statutes.				
SIGNATION	By at well typed or printed name of registered agent a		(NOTE Registered	Agent signature require	d when reinstatings	DATE	
12.	- PSTD - OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
T ILF NAME	FARKAS, JACOB E	☐ DELE				Change	☐ Addition
STREET ADDRESS	3300 NORTHEAST 191 STRE	ET, SUITE LP 14	12 N				
CHY-ST-ZIP	AVENTURA FL 33180		•	TY-ST-ZIP			
TIFLE		[] DELE				Change	Addition
NAMÍ			2.2 N/			La situation	
STREET ADDRESS			2351	REET ADDRESS			
City-St 2if			2 4 C	TY-ST-ZIP			
Tutif	•	DELE	TE 3.1 T	TLF		☐ Change	☐ Addition
NAM			3 2 N/	AME			
STREET ADDRESS			3 3 S	TREET ADDRESS			
CITY - ST - ZIP				TY-ST-ZIP			
II.ft		DELE	¹ E 4 1 TI	TLF		☐ Change	☐ Addition
NAME			42 N	AME			
STHEET AUGRESS			4.3 ST	REET ADDRESS			
City-St-7P				TY-ST-ZIP			
TILE		DELE				☐ Change	Addition
NAME			52 N/				
STREET ADDRESS				REET ADDRESS			ļ
CHY ST-ZIP			T.:	TY-ST-ZIP		F 3 0	
		LJ DELE				☐ Change	Addition
NAME RIDELLANDOSCO			62 NA				
STREET ADDRESS			6351	REET ADDRESS			

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 one at attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR