

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90060 040 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000057271**

Corporation Name

**DATA RESEARCH ASSOCIATES, INC.**

Principal Place of Business

 19225 E ST ANDREWS DR  
 MIAMI FL 33015  
 US

Mailing Address

 19225 E ST ANDREWS DR  
 MIAMI FL 33015  
 US


DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State Zip Country		<b>3. Date Incorporated or Qualified</b> 07/25/1995	<b>4. FEI Number</b> 65-0617657	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9. Name and Address of Current Registered Agent</b> GROSSMAN, MARK D 1500 SAN REMO AVE SUITE 210 CORAL GABLES FL 33146				<b>Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box number is Not Acceptable) C/O BECKER & POLIAKOFF, P.A. 83 5201 BLUE LAGOON DR, SUITE 100 84 City FL 85 Zip Code 33126		

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 title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>HENRICKSON, DAVID</b> <b>19225 E ST ANDREWS DR</b> <b>MIAMI FL 33015</b>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>HENRICKSON, PASCALE</b> <b>19225 E ST ANDREWS DR</b> <b>MIAMI FL 33015</b>	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PASCALE HENRICKSON

1/6/99 305-829-

Daytime Phone #

1145

CR2E034 (11/98)