


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

1997 OCT 22 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P9500006992**
1. Corporation Name

DATA DIRECT SERVICES

Principal Place of Business 5385 AEOLUS WAY ORLANDO FL 32808	Mailing Address 1015 SEMORAN BLVD STE 1439 CASSELBERRY FL 32707
--	---

2. Principal Place of Business 21 5385 AEOLUS WAY Suite, Apt. #, etc. 22 — City & State 23 ORLANDO FL Zip 24 32808	2a. Mailing Address 26 1015 SEMORAN BLVD Suite, Apt. #, etc. 27 1439 City & State 28 CASSELBERRY FL Zip 29 32707 Country 30 USA	3. Date Incorporated or Qualified 3a. Date of Last Report 4. FEI Number 59-3334562 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

9. Name and Address of Current Registered Agent

**STRUBLE, ERIC D
1015 S. SEMORAN BLVD
STE 1439
CASSELBERRY, FL 32707**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KEMENY, MARIAN L	1.2 NAME	200002329392
STREET ADDRESS	1015 SEMORAN BLVD STE 1439	1.3 STREET ADDRESS	-10/24/97--01100--004
CITY-ST-ZIP	CASSELBERRY, FL 32707	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Marian L Kemeny**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/97

Date

407 297 7008

Daytime Phone #

CR2E034 (9/96)

2

DDSI

Sunday, September 07, 1997

Florida Department of State
Annual Reports Section
PO Box 1500
Tallahassee, FL 32302-1500

Reference: **P95000069992**


Respectfully request you accept the enclosed check as 1997 payment.

Our payment is late and the required completed forms are not enclosed because the annual information package normally mailed from your office was not received. This was most likely due to the sudden closure of our US Mail service provider and the inability of that particular provider to effect a forwarding agreement with the US Post Office.

Please revise your mailing address information for Data Direct Services re-mail the annual registration package to the following address. The required forms will be completed and returned to your office immediately.

Data Direct Services
1015 Semoran Blvd., Ste 1439
Casselberry, FL 32707

Regards


Ron E. Kemeny