

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000070978 (8)**  
1. Corporation Name

**CORE DATA CORPORATION**



Principal Place of Business	Mailing Address
6225 QUAIL VALLEY ROAD TALLAHASSEE FL 32308	6225 QUAIL VALLEY ROAD TALLAHASSEE FL 32308

3. Date Incorporated or Qualif. ed <b>09/14/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3344807</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>9500 SATELLITE BLVD</b>	26 <b>9500 SATELLITE BLVD</b>
Suite, Apt #, etc. 22 <b>S-200</b>	Suite, Apt #, etc. 27 <b>S-200</b>
City & State 23 <b>ORLANDO, FL</b>	City & State 28 <b>ORLANDO, FL</b>
Zip 24 <b>32837</b>	Country 25 <b>USA</b>
Zip 29 <b>32837</b>	Country 30 <b>USA</b>

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WILKINS, JOHN P**  
**6625 QUAIL VALLEY ROAD**  
**TALLAHASSEE FL 32308**

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

**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

(If NE, Registered Agent's signature required when reinstating)

(Date)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILKINS, JOHN P</b>	
STREET ADDRESS	<b>6625 QUAIL VALLEY ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSTON, R. NEILL</b>	
STREET ADDRESS	<b>474 CLUB TRAIL N.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>912 YANGI LANE</b>
24 CITY-ST-ZIP	<b>PAUM BAY, FL 32905</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>C</b>
33 STREET ADDRESS	<b>S. RAY HALBERT</b>
34 CITY-ST-ZIP	<b>493 YOUNG STREET MELBOURNE, FL 32935</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>D</b>
43 STREET ADDRESS	<b>PETER FISHER</b>
44 CITY-ST-ZIP	<b>4141 JUTLAND DRIVE # 200 SAN DIEGO, CA 92</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *R Keith Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/5/96 (407) 888-9950**  
Date Date-time Phone #

CR2E034 (3/96)