

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

0026900

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90153 028 ***150.00

DOCUMENT # **P95000070978**

1. Corporation Name
CORE DATA CORPORATION



Principal Place of Business Mailing Address
100 TECHNOLOGY PARK 100 TECHNOLOGY PARK
160 160
LAKE MARY FL 32746 LAKE MARY FL 32746
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 29 30

3. Date Incorporated or Qualified
09/14/1995
4. FEI Number Applied For
59-3344807 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
JOHNSTON, R N
917 VANGI LANE
160
PALM BAY FL 32905

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WILKINS, JOHN P
STREET ADDRESS	6625 QUAIL VALLEY ROAD
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, R. NEILL
STREET ADDRESS	917 VANGI LANE
CITY-ST-ZIP	PALM BAY FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	HALBERT, S. RAY
STREET ADDRESS	493 YOUNG STREET
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FISHER, PETER
STREET ADDRESS	4141 JUTLAND DRIVE #200
CITY-ST-ZIP	SAN DIEGO CA
TITLE	CFO / D <input type="checkbox"/> DELETE
NAME	GERRITY, JOSEPH F
STREET ADDRESS	5475 US 1
CITY-ST-ZIP	GRANT FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PETER LEVIN
6.3 STREET ADDRESS	4141 JUTLAND DR #200
6.4 CITY-ST-ZIP	SAN DIEGO, CA 92117

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: *Peter Levin* 2/2/99 Date Daytime Phone #

CR2E034 (1/1/98)