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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000073702**1. Corporation Name

DATA INTERNATIONAL, INC.

	•						
Principal Place of Business Mailing Address							6 18841884 III 18181 Statt Setti Setti Setti 18308 tilli 1891 Sette 1891
7350 S. TAMIAMI TRAIL SUITE 200			7350 S. Tamiami trail Suite 200				
SARASOTA FL	34231	RASOTA FL 34231				DO NOT WRITE IN THIS SPACE	
			0				3. Date Incorporated or Qualifed
O District D	,	120	Mailian Address				09/22/1995 4. FEI Number Applied For
2. Principal Place of Business			2a. Mailing Address				65-0623099 Not Applicable
21) Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22		27	27				5. Certificate of Status Desired Fee Required
City & State			City & State			-	6. Election Campaign Financing S5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible
24 25		29	29 30				Personal Property Tax.
	9. Name and Address of Current	Regis	tered Agent		<u> </u>		10. Name and Address of New Registered Agent
D00	FOT 74.7 H 4V				81	Name	
ROBERT ZAZULAK 7350 SOUTH TAMIAMI TRAIL, #200						Street Add	dress (P.O. Box Number is Not Acceptable)
SARASOTA FL 34231		•	•				the state of the s
						011	ng Zin Codo
					84	City	FL 85 Zip Code
agent. I a	m familiar with, and accept the obligation	ions of,	, Section 607.0505, Fk	orida Stat	utes.	•	tion's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ρ		☐ DELETE	1.1 Τ	TLE		☐ Change ☐ Addition
NAME	ROBERT ZAZULAK		1.2 N	1.2 NAME			
STREET ADDRESS	REET ADDRESS 7350 S. TAMIAMI TRAIL, STE 200			1.3 S	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231			1.4 C	ITY-\$1	r-ZIP	
TITLE			☐ DELETE	2.1 T	TLE		☐ Change ☐ Addition
NAME				2.2 N	AME		
STREET ADDRESS				2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP					CITY-S	T-ZIP	P** AL P** 4 J J#4
TITLE	<u></u>		☐ DELETE	3.1 T		;	Change Addition.
NAME -				3.2 N			
STREET ADORESS						ADDRESS	
CITY-ST-ZIP			☐ DELETE	3.4. C	ITY-S	T-ZIP	☐ Change ☐ Addition
TITLE			_, 522276	4, 2 1			
NAME CTREET ADDRESS						ADDRESS	
STREET ADDRESS					ITY-SI		
CITY-ST-ZIP			☐ DELETE	5.1 T			☐ Change ☐ Addition
NAME				5.2 N			
STREET ADDRESS				5.3 S	TREET	ADDRESS	
CITY-ST-ZIP	1			5.4 C	πγ∙s1	r-ZIP	
TITLE	, 40 .P-		☐ DELETE	6.1 T	NLE		☐ Change ☐ Addition
NAME				6.2 N	AME		
STREET ADDRESS				6.3 S	TREET	ADDRESS	

CITY-ST-ZIP 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE;