FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000076628 (3) DOCUMENT # 1. Corporation Name

DATA TRANSLATIONS INC



	e of Business		MUMILIE	g Address					
740 LUND CIRCLE MELBOURNE FL 32901			PO BOX 2572 MELBOURNE FL 32902						
							3. Date Incorporated or Qualified 10/02/1995	3a. Date of La	ist Report
-	lace of Business		2a. Ma	ailing Address			4. FEI Number	3	Applied For
21			26				54-53 (101-		Not Applicable
Suite, Apt.	#, etc		27	iite, Apt. #, etc			5. Certificate of Status Desired	1 1	.75 Additional Fee Required
City & State	e			ty & State			6. Election Campaign Financing		5.00 May Be
23			28	•			Trust Fund Contribution		idded to Fees
Zip		Country	Zır	ר	Countr	У	8. This corporation has liability fo	***	lers 199.032,
24 25 25 9. Name and Address of Current F			29	<u></u>		Florida Statutes Yes (No. 10, Name and Address of New Registered Agent			
	y, realite and	Address of Currer	iii negistere	ad Agent	8	1 Name	IU. Name and Address of New	registered Agent	L
COATTIN	NI ELIGENE A	1D					IC C. Flack Lands in Nah Angeste		
CONTINI, EUGENE A JR. 740 LUND CIRCLE MELBOURNE FL 32901					8:	Street Add	dress (P.O. Box Number is Not Accepta	яле;	
					8	3			
,,,,,,,,					8-	4 City		FL 85	Zip Code
11 Purcusati	to the provisions	of Sections 607.060:	2 and 607 15	SAR Florida Statu	toe too about	- rugged core	oration submits this statement for the p		ite registered offe
or register	red agent, or bott	i, in the State of Flori e obligations of Sec	ida. Such ch	larige was authori.	zed by the cor	poration's bo	pard of directors. I hereby accept the ap	pointment as regist	tered agent. I am
	ith, and accept tr	e obligations of Sec	UCU. YUƏ NOB	io, Florida Statule	S.				
SIGNATURE									
Sidit (ione:	Signal a typed or pro	iled name of registers Lagrin	darothfe-fagg¥≾	Settler (N	IOTA, Brighstered Au	ent signature requi	weit when remistating	[ATL	
12.	Signal, a typed or pri	OFFICERS AN		and the second of the second of the second of the	DIE Brigsbered Au 13.	erit suje attien recept	red when revisitely! ADDITIONS/CHANGES TO OF		CTORS IN 12
	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE					
12.	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE	13.	•		FICERS AND DIRE	
12. TITLE	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE	13. 1 LTHU 12 NAMS	•		FICERS AND DIRE	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	QQ.		ID DAFCTO	RS DELETE (NLA-402	13. 1 1 THU 12 NAM 13 STRE 14 CTY	ET ADORESS -ST ZIP		FICERS AND DIRE	inge 🔲 Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE	13. 1 Till 1 1 AMS 1 3 STRE 1 4 CTY 2 1 Till	ET ADDRESS -ST ZIP		FICERS AND DIRE	inge 🔲 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-2IF TITLE NAME	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE (NLA-402	13. 1 LTHLI 12 NAME 13 STRE 14 CTY 2 LTGGG	ET ADDRESS -ST ZIP		FICERS AND DIRE	inge 🔲 Addition
12. TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE (NLA-402	13. 1 1 TITU 1 2 NAM 1 3 SIRE 1 4 CITY 2 1 TITU 2 2 NAM 2 3 SIRE	ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS		FICERS AND DIRE	inge 🔲 Addition
12. TITLE NAME STREET ADDRESS CHY-SI-ZIF TITLE NAME STREET ADDRESS CHY-SI-ZIP	QQ.	OFFICERS AN	ID DAFCTO	RS DOLETE (NIA) OELETE	13. 1 TITLL 1 1 AMM 1 3 STR 1 4 CUY 2 1 TITLL 2 NAMM 2 3 STR 2 4 CUY	ET ADDRESS -ST ZiP		TICERS AND DIRE	inge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE (NLA-402	13. 1 TITLL 12 NAME 13 STRE 14 CHY 2 TITLL 22 NAME 23 STRE 24 CHY 3 TITLL	ET ADDRESS -ST ZiP		FICERS AND DIRE	inge 🔲 Addition
12. TITLE NAME STREET ADDRESS CHY-SI-ZIF TITLE NAME STREET ADDRESS CHY-SI-ZIP	QQ.	OFFICERS AN	ID DAFCTO	RS DOLETE (NIA) OELETE	13. 1 1 TITLL 1 2 NAM: 13 STRE 14 CHY 2 1 TITLL 22 NAM: 23 STRE 24 CHY 3 1 TITLL 32 NAM:	ET ADDRESS -ST ZiP		TICERS AND DIRE	inge 🔲 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	QQ.	OFFICERS AN	ID DAFCTO	RS DOLETE (NIA) OELETE	13. 1 1 TITLL 1 2 NAM: 13 STRE 14 CHY 2 1 TITLL 22 NAM: 23 STRE 24 CHY 3 1 TITLL 32 NAM:	ET ADDRESS ST ZiP ET ADDRESS -ST ZiP ET ADDRESS -ST ZiP ET ADDRESS		TICERS AND DIRE	inge 🔲 Addition
12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	QQ.	OFFICERS AN	ID DAFCTO	RS DOLETE (NIA) OELETE	13. 1 1 TITLL 1 2 NAM: 13 STRE 14 CITY 2 1 TITLL 22 NAM: 23 STRE 24 CITY 3 1 TITLL 32 NAM: 33 STRE	ET ADDRESS ST ZIP ET ADDRESS ST ZIP ET ADDRESS ST ZIP ET ADDRESS ST ZIP		TICERS AND DIRE	inge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE VIA DELETE DELETE	13. 1 TITLL 12 NAM: 13 STRE 14 CITY 2 TITLL 22 NAM: 23 STRE 24 CITY 3 TITLL 32 NAM: 33 STRE 34 CITY 34 CITY	ET ADDRESS -ST ZIP		TICERS AND DIRE	inge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE VIA DELETE DELETE	13. 1 TITLL 12 NAM 13 STRF 14 CITY 2 T TOTAL 22 NAM 23 STRF 24 CITY 3 T TOTAL 32 NAM 33 STRF 34 CITY 4 T TOTAL 42 NAM	ET ADDRESS -ST ZIP		TICERS AND DIRE	inge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE COLLETE COLLETE	13. 1 TITLL 12 NAM 13 STRF 14 CITY 2 T TOTAL 22 NAM 23 STRF 24 CITY 3 T TOTAL 32 NAM 33 STRF 34 CITY 4 T TOTAL 42 NAM	ET ADDRESS SET ZIP ET ADDRESS SET ZIP ET ADDRESS SET ZIP ET ADDRESS ET ADDRESS		TICERS AND DIRE	ange
12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-Z-P TITLE NAME STREET ADDRESS CITY-SI-Z-P TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE VIA DELETE DELETE	13. 1 TITLL 1 2 NAM 13 STRF 14 CITY 2 TITLL 22 NAM 23 STRF 24 CITY 3 TITLL 32 NAM 33 STRF 34 CITY 4 TITLL 42 NAM 43 STRF	ET ADDRESS ST ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		TICERS AND DIRE	ange
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE COLLETE COLLETE	13. 1 TITLL 1 12 NAM 13 STRF 14 CITY 2 TITLL 22 NAM 23 STRF 24 CITY 3 TITLL 32 NAM 33 STRF 34 CITY 4 TITLL 42 NAM 43 STRF 44 CITY 4 TITLL 43 NAM 43 STRF 44 CITY	ET ADDRESS SET ZIP ET ADDRESS SET ADDRESS		TICERS AND DIRE	ange
12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE TITLE TITLE	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE COLLETE COLLETE	13. 1 TITLL 1 LAMM 1 STRE 1 4 CTY 2 TITLL 2 NAM 2 3 STRE 2 4 CTY 3 TITLL 3 2 NAM 3 STRE 3 4 CTY 4 TITLL 4 2 NAM 4 3 STRE 4 CTY 5 TITLL 5 NAM 5 STRE 6 NAM 6	ET ADDRESS SET ZIP ET ADDRESS SET ADDRESS		TICERS AND DIRE	ange
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE OFLETE	13. 1 TITLL 1 1 AAM 1 3 STRF 1 4 CITY 2 1 TITLL 2 2 NAM 2 3 STRF 2 4 CITY 3 1 TITLL 3 2 NAM 3 3 STRF 3 4 CITY 4 1 TITLL 4 2 NAM 4 3 STRF 4 CITY 5 1 TITLL 5 2 NAM 5 3 STRF 5 4 CITY	ET ADDRESS -ST ZIP	ADDITIONS/CHANGES TO OF	Cha	ange Addition ange Addition ange Addition ange Addition
TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE COLLETE COLLETE	13. 1 TITLL 1 1 AAM 1 3 STRF 1 4 CITY 2 1 TITLL 22 NAM 23 STRF 24 CITY 3 1 TITLL 32 NAM 33 STRF 34 CITY 4 TITLL 42 NAM 43 STRF 4 CITY 5 TITLL 52 NAM 53 STRF 5 STRF 5 STRF	ET ADDRESS -ST ZIP	ADDITIONS/CHANGES TO OF	Cha	ange
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE OFLETE	13. 1 TITLL 1 1 AAM 1 3 STRF 1 4 CITY 2 1 TITLL 2 2 NAM 2 3 STRF 2 4 CITY 3 1 TITLL 3 2 NAM 3 3 STRF 3 4 CITY 4 1 TITLL 4 2 NAM 4 3 STRF 4 CITY 5 1 TITLL 5 2 NAM 5 3 STRF 5 4 CITY	ET ADDRESS -ST-ZP		Cha	ange Addition ange Addition ange Addition ange Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	QQ.	OFFICERS AN	ID DAFCTO	RS DELETE OFLETE	13. 1 TITLL 1 1 AMM 1 3 STRE 1 4 CHY 2 1 TITLL 2 2 NAM 2 3 STRE 3 4 CHY 3 1 TITLL 3 2 NAM 4 3 STRE 4 CHY 5 1 TITLL 5 2 NAM 5 3 STRE 6 A CHY 6 TITLL 6 2 NAM 6 3 STRE 6 A CHY 6 TITLL 6 2 NAM 6 A CHY 7 A CHY 8 A CHY 7 A CHY 8	ET ADDRESS -ST-ZP	ADDITIONS/CHANGES TO OF	Cha	ange Addition ange Addition ange Addition ange Addition

I do nereby centry that the information supplied with this fling is voluntarily turnished and does not quality for the exemption stated in Section 119:07(3)(k), Florida Statutes. 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.45 inged, or on an attachment with an address.

SIGNATURE:

ENDERLA CONT, WI

5/13/96