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PROFIT CORPORATION



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000077811 (4) DOCUMENT # 1. Corporation Name KEY COMMERCIAL DATA SEARCH, INC. Mailing Address Principal Place of Business 201 PARK PLACE. SUITE 205 201 PARK PLACE, SUITE 205 **ALTAMONTE SPRINGS FL 32701** ALTAMONTE SPRINGS FL 32701 3a. Date of Last Report 3. Date Incorporated or Qualified 10/05/1995 Applied For 4. EEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Suite. Apt. #. etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Zip Ζıρ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 WAGNER, KARLA A 9548 HEMPEL COVE BLVD. 83 WINDEREMERE FL 34786 Zip Code 85 City 84 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE CR2E034 (12/95) grant. Registered Agest signal in feeting ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change DELETE 1 1 THILE TITLE 1.2 NAME KLINCKO, DONALD R NAME 1.3 STREET ADDRESS 703 MEREIDITH STREET STREET ADDRESS 1.4 CHY - ST - 7IP FERN PARK FL 32730 ___ Change Addition CITY-ST ZIP DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY - ST - 7 P Addition CITY-ST-ZIP DELETE 3 1 TillE THIF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 THILE TITLE 4.2 NAVE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTy - ST - ZIP CITY-S1-76P Change Addition DELETE 5 1 TITLE TITU€ 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY ST-ZIP CITY - ST-ZIP Add-tion DELETE 6 1 T RE TITLE 8.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Secretly that the information indicated on this acquail report or supplemental annual report is true and accurate and that my signature shall cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter and the latter of the corporation of the have the same legal effect as if made under

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

MARO K. KINCKO 4-8-96 4078344011