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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Jul 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P95000088973 (9) DATA FUTURES, INC. Principal Place of Business Mailing Address 22378 CYPRESS WOOD LANE BOCA RATON FL 33428-3845 22378 CYPRESS WOOD LANE **BOCA RATON FL 33428** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/20/1995 08/09/1996 2. Principal Place of Business
21 2298 NW Bock Roton Blyd 2e, Mailing Address 4. FEI Number Applied For aton Bhu NW Bood 2298 65-0632836 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Κĺ 5. Certificate of Status Desired Ste 15 Stc 15 Fee Required City & State BOCA City & State 6. Election Campaign Financing \$5.00 May Be RATON FL RATON 23 Trust Fund Contribution Added to Fees Country Col try 8. This corporation has liability for intangible tax under s. 199.032, 24 33431 USA Yes 🔲 No 25 30 JS A Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Change TITLE 1.1 TITLE RUBIN, DAVID J NAME 1.2 NAME CR2E034 22378 CYPRESS WOOD LANE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change **Addition** BETH RUBIN NAME 2.2 NAME 22378 CYPRESS WOOD LN STREET ADDRESS 2.3 STREET ADDRESS FL 33428 CITY-ST-ZIP 2.4 CITY-ST-ZIP BOCK RATON DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

**63 STREET ADDRESS** 

7/17/97

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6.4 City-St-ZIP 14. I do 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 proper attachment with an address.

FILED