## 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

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90029 044 \*\*\*150.00

## DOCUMENT # P9600000342

SIGNATURE:

{	AMERICAN DATA SERVICES, INC.							
ľ	Principal Place of Business	Mailing Addres	Mailing Address					
11901 30TH COURT NORTH ST. PETERSBURG FL 33716		11901 30TH CO ST. PETERSBUR			,		DO NOT WRITE II	
						3.	Date Incorporated or Qualifed 01/02/1996	
ļ	2. Principal Place of Business	2a. Mailing Add	2a. Mailing Address			4, FEI Number 59-3371512		
Ì	Suite, Apt. #, etc.	Suite, Apt.	#, etc.			5.	Certificate of Status Desired	
-~		City & State	8=====			<sup>§</sup> 6.	Election Campaign Financing  Trust Fund Contribution	
Ī	Zip Country	Zip	Co.	ıntry		8.	This corporation owes the current Personal Property Tax.	
ŀ	9. Name and Address of Current Registered Agent			T		10.	Name and Address of New Regi	
	SHOUPPE, BYRON C JR. 11901 30TH COURT NORTH ST. PETERSBURG FL 33716			81 82 83	Name Street Addre	ss (F	P.O. Box Number is Not Acceptable	

Applied For

□No

Fee Required

\$5:00 May Be Added to Fees

85 Zip Code

☐ Yes

Not Applicable \$8.75 Additional

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

			1 1					
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, typed or printed name of registered agent and title if applicable.	/NOTE: Rev	gistered Agent signature re	cuired when reinstating)		ATÉ		
	OFFICERS AND DIRECTORS	(14012.118)	13.		HANGES TO OFFICE	RS AND DIRECTOR	S IN 12	
12.		□ DELETE	1.1 TIFLE	ADDITIONS	TIANOLO TO OTT TOL	☐ Change	Addition	
TITLE	· ·	☐ perei¢						
NAME	SHOUPPE, BYRON C		1.2 NAME					
STREET ADDRESS	11901 30TH COURT N		1.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP					
TITLE	S	☐ DETELE	2.1 TITLE			☐ Change	Addition	
NAME	KEATON, MARK D		2.2 NAME					
STREET ADDRESS	11901 30TH COURT N		2.3 STREET ADDRESS	\$				
CITY-ST-ZIP	ST PETERSBURG FL.		2.4 CITY-ST-ZIP					
TITLE	And the second of the second o	DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME	· .		3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	•		3.4. CITY-ST-ZIP					
TITLE	·	□ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	•		4. 2 NAME					
STREET ADDRESS			4.3 STREET ADORESS				Į.	
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					
TITLE ,		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS		• •			
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
14. I heraby 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 13 if changed on an appear of the receiver of the corporation of the receiver of the corporation of the corporatio								

84 City