

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000017629 (2)**

1. Corporation Name

**GENERAL DATA MANAGEMENT SERVICES, INC.**



Principal Place of Business

**4324 HAWKS NEST DRIVE  
LUTZ FL 33549**

Mailing Address

**4324 HAWKS NEST DRIVE  
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>02/26/1996</b>	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.		<b>4. FEI Number</b> <b>59-3369207</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State		<b>27</b> City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>25</b> Country	<b>28</b> Zip	<b>30</b> Country	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>9. Name and Address of Current Registered Agent</b> <b>NATIONCORPS REGISTERED AGENT, INC.</b> <b>526 EAST PARK AVE.</b> <b>STE. 200</b> <b>TALLAHASSEE FL 32302</b>				<b>10. Name and Address of New Registered Agent</b>	
				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City	<b>FL</b> <b>85</b> 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PT</b>	<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, PATRICIA A</b>	<b>1.2</b> NAME	
STREET ADDRESS	<b>1201 8TH AVENUE</b>	<b>1.3</b> STREET ADDRESS	
CITY - ST - ZIP	<b>HOUGHTON MI 49931</b>	<b>1.4</b> CITY - ST - ZIP	
TITLE	<b>VP</b>	<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUO, MING</b>	<b>2.2</b> NAME	
STREET ADDRESS	<b>4324 HAWKS NEST DRIVE</b>	<b>2.3</b> STREET ADDRESS	
CITY - ST - ZIP	<b>LUTZ FL 33549</b>	<b>2.4</b> CITY - ST - ZIP	
TITLE	<b>S</b>	<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEN, SHIMING</b>	<b>3.2</b> NAME	
STREET ADDRESS	<b>4324 HAWKS NEST DRIVE</b>	<b>3.3</b> STREET ADDRESS	
CITY - ST - ZIP	<b>LUTZ FL 33549</b>	<b>3.4</b> CITY - ST - ZIP	
TITLE		<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>4.2</b> NAME	
STREET ADDRESS		<b>4.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>4.4</b> CITY - ST - ZIP	
TITLE		<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>5.2</b> NAME	
STREET ADDRESS		<b>5.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>5.4</b> CITY - ST - ZIP	
TITLE		<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>6.2</b> NAME	
STREET ADDRESS		<b>6.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>6.4</b> 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 changed, or on an attachment with an address.

SIGNATURE:

*Patricia A Wood* PT

5/1/98

906-487-3598

CR2E034 (10/97)