PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000028497

1. Corporation Name DATIME INC

Principal	Place	of	Business	

Mailing Address

9031 SW 62 CT. MIAMI FL 33156-1804 9031 SW 62 CT. MIAMI FL 33156-1804

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90050 014 \*\*\*150.00



MIAMI PL 3313	0-1004	MIAMI FL 33130-1604			DO NOT WRITE IN THIS SPACE						
	•					3. Date Incorporated or Qualifed 03/25/1996					
2. Principal Pl	face of Business	2a. Mailing Address				4. FEI Number			Applied For		
21		26				65-0655431			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required						
City & State	e	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the curre	ent vear Inta				
24 25 29				30		Personal Property Tax.	,	☐Yes	□No		
	9. Name and Address of Current	<del></del>	1001	Γ		10. Name and Address of New R	legistered A	gent			
				81	Name						
	OLANTE, DAVID N			82 Street Address (P.O. Box Number is Not Acceptable)							
9031	SW 62 CT.			82	Street Add	iress (P.O. Box Number is Not Accepta	iole)				
MIAN	/II FL 33156-1804	•	•								
								T. 1 =			
				84	City		٠FI	85 Zi	p Code		
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change wa	as authorize	d by	the corporati	poration submits this statement for the ion's board of directors. I hereby accep	purpose of on the appoin	changing tment as	its registered registered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (f	NOTE: Registere	1 Agen	t signature requir	red when reinstating)	DATE				
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	P	☐ DELETE	É 1.1 T	ITLE				☐ Chang	e		
NAME	ROTOLANTE, DAVID N		1.2 N	AME					j		
STREET ADORESS	9031 SW 62 CT.		1.3 S	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33156-1804		1.4 0	ITY-\$1	r-ZIP						
TITLE	VS	☐ DELETE	2.1 T	ITLE		<del></del>		☐ Chang	e		
NAME	ROTOLANTE, TERESA V		2.2 N	AME					}		
STREET ADDRESS	9031 SW 62 CT.		2.3 S	TREET	ADDRESS				1		
CITY-ST-ZIP	MIAMI FL 33156-1804			ITY-S	T-ZIP	· <u>-                                     </u>	<b>∓ ₹ +° -</b> °	·			
TITLE		☐ DELETE	E 3.1 T	TLE		•		Chang	e 🔲 Addition		
NAME			3.2 N	<b>AME</b>							
STREET ADDRESS			3.3 S	TREET	ADDRESS						
CITY-ST-ZIP		<u></u>		TY-S	T-ZiP						
TITLE	_	☐ DELETE	E 4.1 T	ITLE				Chang	e 🗀 Addition		
NAME	•		4.21	IAME		•					
STREET ADDRESS			4.3 S	TREET	ADDRESS						
City-St-ZiP				ITY-S	r-ZIP						
ππ.E		☐ DELETE						Chang	e		
NAME			5.2 N						Ì		
STREET ADDRESS					ADORESS						
CITY-ST-ZIP				ITY-S1	i-ZIP			П.С	n Additor		
TITLE		☐ DELETE			1			☐ Chang	e		
NAME			6.2 N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 C	my-si	í-ZIP						

4. 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, with all other like empowered.

SIGNATURE:

CONTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UTOLANTE 4-23.

Daytime Phone #

CR2E034 (11/