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

PROFIT CORPORATION ANNUAL REPORT 1999

DATALORE CORPORATION

1. Corporation Name



DOCUMENT # P96000029780

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90136 026 ***150.00

Principal Place	e of Business	Mailing Address			
1810 KETTLER	5450 COUNTY ROAD 581				
LUTZ FL 33549)	#128			DO MOT WOLTE WITHIN SPACE
		WESLEY CHAPEL FL 33543 US			DO NOT WRITE IN THIS SPACE
		us			3. Date Incorporated or Qualifed
					04/05/1996
2. Principal P	lace of Business	2a. Mailing Address	Α.	د دم سم	4. FEI Number Applied For
21		26 5450 County	Kd -	201	
Suite, Apt.	#,.etc	Suite, Apt. #, etc			5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired
22		27 PMB#12B			5. Certificate of Status Desired Fee Required
City & State	e	City & State	,		6. Election Campaign Financing \$5.00 May Be
23		28 Wesley Chap		FL	Trust Fund Contribution Added to Fees
Zip	Country		Country		8. This corporation owes the current year Intangible
24	25	29 33543 30	<u> </u>	asco	Personal Property Tax.
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered Agent
250	INCOME TAXABLE		81	Name	Tamara Van Der Heyden
DERHEYDEN, TAMARA V				Street	Address (P.O. Box Number is Not Acceptable)
) KETTLER DR.		82		Marian I. Tay Day Halling, in the Charachana
LUT	Z FL 33549		83		
			84	City	FL 85 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 pooppt the obligations of Section 607.0505. Florida Statutes.					
agent. I am familiar with, and accept the obligations of Section 60/1/950s. Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12	OFFICERS AND		13.	it signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P		.1 TITLE		Change Addition
		_	2 NAME		
NAME I	VANDERHEYDEN, TAMARA L				
STREET ADDRESS	1810 KETTLER DR.			TADORESS ·	
CITY-ST-ZIP	LUTZ FL		.4 CITY-S	T-ZIP	Secretary Change Daddition
TITLE		_	2.1 TITLE		
NAME] 2	2.2 NAME		Van Der Heyden, Alan L.
STREET ADDRESS		12	3 STREE	TADDRESS	1010 Kettler Or.
CITY-ST-ZIP			2.4 CITY-:	ST-ZIP	Lutz, FL 33549
TITLE		☐ DELETE	1.1 TITLE		Treasurer Change Addition
NAME		3	.2 NAME		Van DerHeyden, Alan L.
STREET ADDRESS	}		3.3 STREE	T ADDRESS	I IBIO KULTUI Dr.
CITY-ST-ZIP			3.4. CITY-:	ST-ZIP	Lutz, FL 33549
TITLE			I.1 TITLE		☐ Change ☐ Addition
NAME			. 2 NAME		matthew J. Kiel
				TADDRESS	1122 Milwaukee Ct.
STREET ADDRESS			.4 CITY-8		Indianapolis, IN 46217
CITY-ST-ZIP			5.1 TITLE	1-ZII-	Change Addition
TITLE		-	5.2 NAME		
NAME	1			TADDRESS	1
STREET ADDRESS		l l			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-5	1-ZIP	Change C Addition
TITLE	* *		3.1 TITLE		☐ Change ☐ Addition
NAME .			3.2 NAME		
STREET ADDRESS	1	<u> </u>	3.3 STREE	T ADDRESS	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Van Der Heyden 4/30/99