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

DOCUMENT # P96000030064

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90015 016 ***150.00

DATAPE	X NETWORK SYSTEMS, IN	IC.						
Principal Place	e of Business	Ma	ailing Address				1 idelides ein isten aum baret detill dene geren geten geten geten gegen	
2441 BELLEVIEW AVENUE DAYTONA BEACH FL 32114 2441 BELLEVIEW AVENUE DAYTONA BEACH FL 32114							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	
							04/05/1996	
2. Principal P	Place of Business	2a.	Mailing Address	_			4. FEI Number Applied For	
21		26					59-3443814 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	
City & Stat	te		City & State	_			6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	Country	<u> </u>	Zip	Cou	intry	'	8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax.	
	9. Name and Address of Curre	nt Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent	
PRO	SSER, JOHN							
2441 BELLEVIEW AVENUE DAYTONA BEACH FL 32114					82	Street Add	Address (P.O. Box Number is Not Acceptable)	
					83	 		
					L			
					84	City	FI 85 Zip Code	
agent. I a SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	ent and title	if applicable. (NOTI				red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		☐ DELETE	1.1 TF	TLE		☐ Change ☐ Addition	
NAME	PROSSER, JOHN			1.2 N	AME			
STREET ADDRESS	AAAA DELLEDARIA AMENUE			1.3 \$1	TREET	T ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114			1.4 CI	TY-\$	T-ZIP		
TITLE			☐ DELETE	2.1 ΤΓ	TLE		☐ Change ☐ Addition	
NAME				2.2 N	AME		1	
STREET ADDRESS				2.3 \$3	TREET	TADDRESS	ton - m , which is the second control	
CITY-ST-ZIP				2. 4 C	ITY-S	ST-ZIP		
TITLE			☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addition	
NAME	ļ			3 2 N/	AME		•	
STREET ADDRESS				3.3 ST	TREET	TADDRESS		
CITY-ST-ZIP				_		ST- ZIP	Change	
TITLE			☐ DELETE	4.1 Tf				
NAME				4. 2 N				
STREET ADDRESS						T ADORESS		
CITY-ST-ZIP			□ DELETE	4,4 CI 5,1 TI		1-ZIP	☐ Change ☐ Addition	
TITLE			- Section	5.7 N				
NAME STREET ADDRESS						TADDRESS		
STREET ADDRESS				5.4 CI				
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TI			☐ Change ☐ Addition	
NAME				6.2 N	AME			
STREET ADDRESS				6.3 S	TREE	T ADDRESS		
U. NELL AUDICESS			\sim	640	mv e	T 71D		

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 received 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 attribute mit an address, with all other like empowered.

SIGNATURE:

URE REQUIRED