

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 # P96000033116

1. Corporation Name

DATA MANAGEMENT SYSTEMS, INC.

Principal Place of Business

1280 COURT ST
CLEARWATER FL 34616

Mailing Address

1280 COURT ST
CLEARWATER FL 34616

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90102 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

2. Principal Place of Business

21 2074 Weaver Park Dr.

2a. Mailing Address

26 2074 Weaver Park Dr.

4. FEI Number

59-3375824

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33765

Country

25 USA

Zip

29 33765

Country

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LITTLE, THOMAS C
2123 NE COACHMAN RD SUITE A
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCARFIA, MICHAEL J
STREET ADDRESS 1280 COURT ST
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE TS
NAME SCARFIA, MICHELLE
STREET ADDRESS 1280 COURT ST.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1079 Cephas Dr.
1.4 CITY-ST-ZIP Clearwater, FL 33765

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1079 Cephas Dr.
2.4 CITY-ST-ZIP Clearwater, FL 33765

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE: Michelle Scarfia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-98

Date

(727) 447-2155

Daytime Phone #

CR2E034 (11/98)