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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000034643 (2) **DOCUMENT #** 

DATA TRENDS, INC.

## **FILED** Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 15315 NW 60TH AVE 7282 JACARANDA LANE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1996 4. FEI Number 39-2344 244 APPLIED FOR 2. Principal Place of Business 2a. Mailing Address Applied For 15315 NW 60 Ave 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 MI am/ Trust Fund Contribution Added to Fees Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes
No 24 25 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name TAYLOR, KENT D 7282 JACARANDA LANE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 Zip Code 84 City **B**5 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. X Change ■ DELETE TITLE D 1.1 TITLE NAME TAYLOR, KENT D 1.2 NAME KENT D. TAYLOR CR2E034 7282 JACARANDA LANE 15315 NW 60 AVE. STREET ADDRESS 1.3 STREET ADORESS MIAMI LAKES FL 33014 Miamipakes, FL 33014 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 City-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST- ZIP Change DELE16 Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET 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 arrural 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:

305-823-3010