## 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 # P96000034643

1. Corporation Name

DATA TRENDS, INC.

Principal Place of Business

Mailing Address

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

02-24-1999 90115 014 \*\*\*150.00



| r micipai i iace              | Of Dusifieds  | Manning Fladrood                        |                               |   |                     |               |
|-------------------------------|---|---|-------------------------------|---|---------------------|---------------|
| 15315 NW 60TH                 |   | 15315 NW 60 AVE<br>MIAMI LAKES FL 33014 |                               |   |                     |               |
| MIAMI LAKES FL                | . 33014   | US                                      |                               | DO NOT WRITE IN TH  | IIS SPACE           |               |
|                               |   | 50                                      |                               | 3. Date Incorporated or Qualifed 04/17/1996   |                     |               |
| 2. Principal Pla              | ace of Business   | 2a. Mailing Address                     |                               | 4. FEI Number   | Ar                  | oplied For    |
|                               | 1 Roberts Drive   | 26 2401 Robe                            | erts Drive                    | 59-2344274  | <u></u>             | ot Applicable |
| Suite, Apt. #                 |   | Suite, Apt. #, etc.                     |                               |   | \$8.75              | Additional    |
| 22                            | .,  | 27                                      |                               | 5. Certificate of Status Desired _ L  |                     | equired       |
| City & State 23 Niceville, FL |   | City & State  NICE VILLE, FL            |                               | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  |                     |               |
| Zip<br>24 <b>325</b>          | Country<br>78 25 USA  | Zip<br>29 <b>32578</b> 30               | Country                       | This corporation owes the current year     Personal Property Tax.   | Intangible<br>☐ Yes | <b>Z</b> No   |
|                               | 9. Name and Address of Current  | Registered Agent                        |                               | 10. Name and Address of New Registere   | d Agent             |               |
|                               |   |   | 81 Name                       | 1/2 1 To Toulan   |                     |               |
|                               | or, kent d  |   | 82 Street A                   | ddress (P.O. Box Number Is Not Acceptable)  |                     |               |
|                               | JACARANDA LANE  |   |                               | 401 Roberts Drive   |                     |               |
| MIAM                          | I LAKES FL 33014  |   | 83                            |   | . ,                 |               |
|                               |   |   | 94 65                         |   |                     | Code          |
|                               |   |   | 84 City                       | Niceville   |                     | 25,78         |
| 11. Pursuant to               | the provisions of Sections 607.0502   | and 607.1508, Florida Statutes,         | the above-named co            | orporation submits this statement for the purpose   | of changing its     | registered    |
| office or re                  | gistered agent, or both, in the State of<br>a familiar with and accept the obligation | Florida. Such change was auth           | orized by the corpora         | ation's board of directors. I hereby accept the app   | ointment as re      | gisterea      |
|                               | Traininal Will and accept the obligate  | le Kent D.                              |                               | . / .   | - 100               |               |
| SIGNATURE _                   | Signature, typed or printed name of registered age                                    |   | gistered Agent signature req  | juired when reinstating) DATE   | 9/77                |               |
| 12.                           | OFFICERS AND  |   | 13.                           | ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTO         | ORS IN 12     |
| TITLE                         | PD  | ☐ DELETE                                | 1.1 TITLE                     | PD  | Change              | ☐ Addition    |
| NAME                          | TAYLOR, KENT D  |   | 1.2 NAME                      | KENT D. TAYLOR  |                     |               |
| STREET ADORESS                | 15315 NW 60 AVE   |   | 1.3 STREET ADDRESS            | KENT D. TAYLOR<br>2401 ROBERTS DRIVE  |                     |               |
| CITY-ST-ZIP                   | MIAMI LAKES FL 33014  |   | 1.4 CITY-ST-ZIP               | NICEVILLE, FL 3257  | 8-                  |               |
| TITLE                         |   | ☐ DELETE                                | 2.1 TITLE                     |   | ☐ Change            | Addition      |
| NAME                          |   |   | 2.2 NAME                      |   |                     |               |
| STREET ADDRESS                |   |   | 2.3 STREET ADDRESS            |   |                     |               |
|                               |   |   | 2. 4 CITY-ST-ZIP              | المراجعة ال<br>المراجعة المراجعة ا | -                   |               |
| CITY-ST-ZIP<br>TITLE          |   | ☐ DELETE                                | 3.1 TITLE                     |   | ☐ Change            | ☐ Addition    |
| NAME                          |   |   | 3.2 NAME                      |   |                     |               |
|                               |   |   | 3.3 STREET ADDRESS            |   |                     |               |
| STREET ADDRESS                |   |   | 3.4. CITY-ST-ZIP              |   |                     |               |
| CITY-ST-ZIP TITLE             |   | ☐ DELETE                                | 4.1 TITLE                     |   | Change              | Addition      |
| NAME                          |   | <u> </u>                                | 4. 2 NAME                     |   | - •                 | _             |
|                               |   |   | 4.3 STREET ADDRESS            |   |                     |               |
| STREET ADDRESS                |   |   |                               |   |                     |               |
| CITY-ST-ZIP TITLE             |   | DELETE                                  | 4.4 CITY- ST-ZIP<br>5.1 TITLE |   | Change              | Addition      |
|                               |   | " Dereve                                | 5.2 NAME                      |   | 3+                  | _             |
| NAME<br>OTDEET ADDEEDO        |   |   | 5.3 STREET ADDRESS            |   |                     |               |
| STREET ADDRESS                |   |   | 5.4 CITY- ST-ZIP              |   |                     |               |
| CITY-ST-ZIP                   |   | □ DELETE                                | 6.1 TITLE                     |   | ☐ Change            | Addition      |
| TITLE                         |   | ☐ DELETE                                |                               |   | □ спапуе            |               |
| NAME                          | •   |   | 6.2 NAME                      |   |                     |               |
| STREET ADDRESS                |   |   | 6.3 STREET ADDRESS            |   |                     |               |
| CITY-ST-ZIP                   |   |   | 6.4 CITY-ST-ZIP               |   |                     |               |

CITY-ST-ZIP 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: