SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P96000065494 (2)

CONFIDENTIAL DATA, INC.

GRASSO, GERALD G

8847 TROPICAL PALM WAY

PORT RICHEY FL 34688

| Principal Place o | f Business | Mailing Add | ress | ! IDDALBA! IID IDAAD BAKA BAKA BAKA BAKA BAKA BAKA BAKA | |
|---|---------------------------|---------------------------|------------|---|--------------------|
| 30850 US 19 NORTH PALM HARBOR FL 34884 | | 30860 US 19 PALM HARBO | | DO NOT WRITE IN THIS S | PACE |
| | | | | 3. Date Incorporated or Qualified 08/05/1996 | |
| 2. Principal Place of Business | | 2a. Mailing A | Address | 4. FEI Number | _1_ |
| 21 | | 26 | | 59-3393517 | |
| Suite, Apt. #, etc. | | Suite, Ap | it.#, etc. | | \$8.7 |
| City & State | | City & St | ale | Election Campaign Financing Trust Fund Contribution | \$5. Add |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the currer | nt year |
| 24 | 25 | 29 | 30 | · ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | Yes |
| | 9. Name and Address of Cu | rrent Registered Age | ent | 10. Name and Address of New Registered Ag | jent |

FILED Aug 19 1998 8:00am Secretary of State

|--|--|--|

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees zu<u>rrent</u> year I<u>nta</u>ngible ___ Yes

| | | | | <u> </u> | | | |
|--|------------------------|--------|-------------|----------|---|--|--|
| | | | 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 opening of the provisions of section 607.0505. Florida Statutes | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered spent and little if applicable (NOTE: Registered Apent signature required when reinstalling) DATE | | | | | | | |
| 12. | OFFICERS AND DIRECTO | RS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | P | DELETE | 1.1 TITLE | | P Addition | | |
| NAME | Grasso, Gerald G | | 1,2 NAME | | GRASSO, GERALD G | | |
| STREET ADDRESS | 8847 TROPICAL PALM WAY | | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | | 1.4 CiTY-ST | -ZiP | TARPON SPRINGS, FL 34684_ | | |
| TITLE | | DELETE | 2.1 TITLE | | Change Addition | | |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | · · · · · · · · · · · · · · · · · · · | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST | -ZIP | | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition | | |
| NAME | | | 3.2 NAME | | | | |
| \$TREET ADDRESS | | | 3.3 STREET | ADDRESS | 1 | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST | -ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition | | |
| NAME | | | 4.2 NAME | | | | |
| \$TREET ADDRESS | | | 4.3 STREET | ADDRESS | 1 | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST | ZIP | | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST | ZIP. | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 63STREE | .DDRES\$ | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | 'IP | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and that an officer or director of the corporation or the receiver or frustee empowered to execute the in Block 12 or Block 13 if changed, or on an attachment with an address. | | | | | | | |

Name

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

82

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