

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90007 046 ***558.75

DOCUMENT # **P96000068605**

1. Corporation Name
DATAVISION CMS, INC.



Principal Place of Business
**8034 WILES RD
SUITE 200
CORAL SPRINGS FL 33067**

Mailing Address
**8034 WILES RD
SUITE 200
CORAL SPRINGS FL 33067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1996

2. Principal Place of Business
21 **8034 WILES RD**

2a. Mailing Address
26 **8034 WILES RD**

4. FEI Number
65-0689837

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **PMB 200**

Suite, Apt. #, etc.
27 **PMB 200**

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

City & State
23 **CORAL SPRINGS FL**

City & State
28 **CORAL SPRINGS FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

Zip
24 **33067-2073**

Country
25 **U.S.A.**

Zip
29 **33067-2073**

Country
30 **U.S.A.**

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROMANCE, KEITH
4833 NW 96TH DR
CORAL SPRINGS FL 33076-2621**

81 Name **ROMANCE, KEITH**

82 Street Address (P.O. Box Number is Not Acceptable)
10239 NW 62 CT

83

84 City **PARKLAND**

FL 85 Zip Code **33076-2349**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **ROMANCE, KEITH**
STREET ADDRESS **4833 NW 96 DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **ROMANCE, KEITH**
1.3 STREET ADDRESS **10239 NW 62 CT**
1.4 CITY-ST-ZIP **PARKLAND FL 33076-2349**

TITLE **V** ☐ DELETE
NAME **HUSSELMAN, DIRK**
STREET ADDRESS **13478 67 ST N**
CITY-ST-ZIP **W PALM BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **33412-1923**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Keith Romance

8-9-1999 (954)345-4703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)