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

| | MENT # P9600 DATA, INC. | 0090005 (5) | | | III 4111 644 644 441 461 |
|---|--|---|--|--|-------------------------------|
| Principal Plac | e of Business | Mailing Address | | | III BOMA DOMI BOMB BAN MODE |
| Principal Place of Business 855 S. FEDERAL HWY 217-B BOCA RATON FL 33432-6133 US | | 855 S. FEDERAL HWY 217-B BOCA RATON FL 33432-6133 US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
| | 2. Principal Place of Business | | | 10/30/1996 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 65-0709582 | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 8. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the or | urrent year Intangible |
| 24 | 25 P. Name and Address of Curre | nt Registered Agent | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registered | |
| 117 - 69 BO | SDAL, JOYCE S 70 S.W. 21ST LANE ITE 901 CA RATON FL 33486 | | 83 84 City | dress (P.O. Box Number is Not Acceptable) | 85 Zip Code |
| SIGNATURE | Signature, typed or printed harne of registered ac | ont and title if applicable (NC | authorized by the corpor lorida Statutes. TE: Registered Agent signature rec | · · · · · · · · · · · · · · · · · · · | |
| 12. | | VD DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP | WINTERS, RICHARD K 855 S. FEDERAL HWY., 217 BOCA RATON FL | -8 | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE | ST | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | IVESDAL, JOYCE S | | 2.2 NAME | | ł |
| STREET ADDRESS | 1170 S.W. 21ST LANE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY-ST-ZIP | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-SI-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 | | | 6.3 STREET ADDRESS | | |

14. Thereby 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 attention with an address.

SIGNATURE:

CITY-ST-ZIP

ale & statul

Sec Vale.

2/10/98 621)391-543

FILED

Apr 27 1998 8:00am

Secretary of State