

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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000091106**
1. Corporation Name
DATA WIDE COMMUNICATIONS CORPORATION.

Principal Place of Business: **634 EAGLE DRIVE DELRAY BEACH FL 33444**
Mailing Address: **634 EAGLE DRIVE DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified 12-96.	3a. Date of Last Report ✓
4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent ROBERT RICKETTS 634 EAGLE DR. DELRAY BEACH FL 33444	10. Name and Address of New Registered Agent 81. Name Robert Ricketts 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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: **Robert Ricketts** **VICE PRESIDENT, ROBERT RICKETTS** **4/29/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSTEN SCHATSCHEIDER	1.2 NAME	
STREET ADDRESS	9156 GREEN MEADOWS WAY	1.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BEACH GARDENS FL	1.4 CITY- ST- ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT RICKETTS	2.2 NAME	
STREET ADDRESS	634 EAGLE DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH FL 33444	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		3.4 CITY- ST- ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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4/29/97

14. I, the undersigned, 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 contained 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 a director or officer 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rusten K. Schatschneider** **4/29/97** **561-627-9380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone