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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000017733 (1)

CDC DATA, INC.

Principal Place of Business 118 LAKEVIEW AVENUE, SUITE 1

2. Principal Place of Business

Country

25

AMERILAWYER CHARTERED 343 ALMERIA AVENUE

CORAL GABLES FL 33134

Suite, Apt. #, etc.

City & State

LANTANA FL 33462

21

22

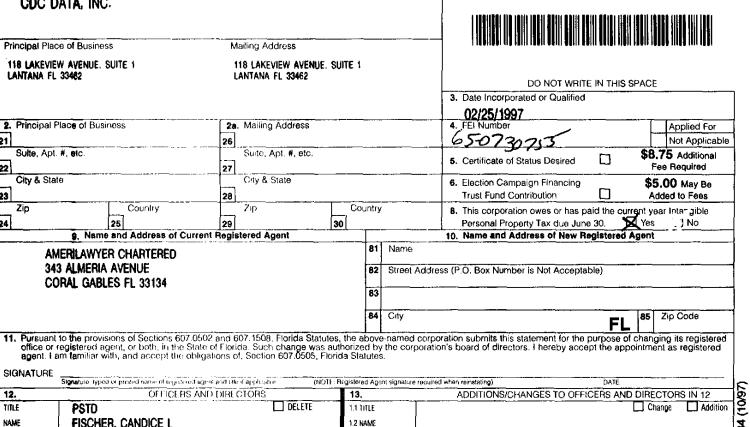
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Zip

SIGNATURE

FILED May 12 1998 8:00am Secretary of State



Signature, typed of printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS TITLE PSTD NAME FISCHER, CANDICE L STREET ADDRESS 118 LAKEVIEW AVENUE, SUITE 1 1.3 STREET ADDRESS LANTANA FL 33462 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change ☐ Addition 3.1 TITLE 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

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 logal effect as if made under oath; that I am an officer or director of the corporation or this receiver or trustee employees to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changett, or on an attachment with an address.

CIGNATURÉ: