


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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90225 004 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000021645**

1. Corporation Name  
**DATA SEEKER'S, INC.**



Principal Place of Business <b>2229 SE 10TH ST POMPANO BEACH FL 33062</b>	Mailing Address <b>P.O. BOX 301 POMPANO BEACH FL 33062</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>560 S. Flagler Ave.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Pompano Beach FL</b> Zip Country 24 <b>33060</b> 25 <b>US</b>	2a. Mailing Address 26 <b>P.O. Box 301</b> Suite, Apt. #, etc. 27 City & State 28 <b>Pompano Beach FL</b> Zip Country 29 <b>33061</b> 30 <b>US</b>	3. Date Incorporated or Qualified <b>03/10/1997</b>	4. FEI Number <b>65-0752998</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>LEWANDOWSKI, CAROL N 2229 SE 10TH ST POMPANO BEACH FL 33062</b>	10. Name and Address of New Registered Agent 81 Name <b>CAROLE N. Lewandowski</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>560 S. Flagler Avenue</b> 84 City <b>Pompano Beach</b> FL 85 Zip Code <b>33060</b>
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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

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 <input type="checkbox"/> DELETE NAME <b>DP LEWANDOWSKI, CAROLE N</b> STREET ADDRESS <b>2229 SE 10TH ST</b> CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>LEWANDOWSKI, CAROLE N.</b> 1.3 STREET ADDRESS <b>560 S. Flagler Avenue</b> 1.4 CITY-ST-ZIP <b>Pompano Beach, FL 33060</b>
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

CR2E034 (11/98)