

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000023547

1. Corporation Name

DATACOMM BUSINESS CONSULTING CORP.

Principal Place of Business

~~1202 SEAGATE DRIVE~~
~~APT 206~~
~~PALM HARBOR FL 34685~~
~~US~~

9350 Spicer CT
New Port Richey
FL 34654
US

Mailing Address

P.O. BOX 1309
TARPON SPRINGS FL 34688-1309
US

2. Principal Place of Business

21 9350 Spicer CT

Suite, Apt. #, etc.

22 City & State

23 New Port Richey

Zip

24 34654

Country

25 US

2a. Mailing Address

26 9350 Spicer CT

Suite, Apt. #, etc.

27 City & State

28 New Port Richey

Zip

29 34654

Country

30 US

9. Name and Address of Current Registered Agent

~~KLEMM, RUSSELL E. AAT~~
~~121 N. OCEOLA AVE.~~
~~CLEARWATER FL 34615~~

Michael J. Levesque
9350 Spicer CT
New Port Richey
FL 34654

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3441127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Michael J. Levesque

82 Street Address (P.O. Box Number is Not Acceptable)

9350 Spicer CT

83

84 City

New Port Richey

FL

85 Zip Code

34654

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

Michael J. Levesque
Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME PST LEVESQUE, MICHAEL J

STREET ADDRESS ~~1202 SEAGATE DRIVE~~ 9350 Spicer CT

CITY-ST-ZIP ~~PALM HARBOR FL 34685~~ New Port Richey FL 34654

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

727-843-8990

Daytime Phone #

CR2E034 (11/98)

03-10-1999