

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90272 034 \*\*\*150.00

03/10/99

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.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
~~1202 SEAGATE DRIVE~~ **9350 Spicer CT** P.O. BOX 1309  
~~APT 206~~ **New Port Richey** TARPON SPRINGS FL 34688-1309  
~~PALM HARBOR FL 34685~~ **FL 34654** US  
~~US~~ **US**

2. Principal Place of Business	2a. Mailing Address
21 <b>9350 Spicer CT</b>	26 <b>9350 Spicer CT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>New Port Richey</b>	28 <b>New Port Richey</b>
Zip Country	Zip Country
24 <b>34654</b> 25 <b>US</b>	29 <b>34654</b> 30 <b>US</b>

3. Date Incorporated or Qualified	<b>03/17/1997</b>
4. FEI Number	<b>59-3441127</b>
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
~~KLEMM, RUSSELL E. AAT.~~ **Michael J. Levesque**  
~~121 N. OCCEOLA AVE.~~ **9350 Spicer CT**  
~~CLEARWATER FL 34615~~ **New Port Richey**  
**FL 34654**

10. Name and Address of New Registered Agent

81 Name	<b>Michael J. Levesque</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9350 Spicer CT</b>
83	
84 City	<b>New Port Richey FL</b>
85 Zip Code	<b>34654</b>

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]* DATE **3/5/99**  
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVESQUE, MICHEAL J</b>	
STREET ADDRESS	<del>1202 SEAGATE DRIVE</del> <b>9350 Spicer CT</b>	
CITY-ST-ZIP	<del>PALM HARBOR FL 34685</del> <b>New Port Richey FL 34654</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>9350 Spicer CT</b>
1.4 CITY-ST-ZIP	<b>New Port Richey FL 34654</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **3/5/99** Daytime Phone # **727-843-8990**  
 Signature and typed or printed name of signing officer or director

CR2E034 (11/98)