

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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

0194701

03-22-1999 90062 023 \*\*\*150.00

DOCUMENT # P97000027962

1. Corporation Name

MACHINE DATA INC.

Principal Place of Business

3109 GRAND AVENUE #442  
COCONUT GROVE FL 33133

Mailing Address

3109 GRAND AVENUE #442  
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1997

4. FEI Number

65-0747438

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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

□ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLIEVERIK, MICHAEL A  
2023 N ATLANTIC AVE #139  
COCOA BEACH FL 32931

81 Name

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

83

84 City

FL 85 Zip Code

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          | □ DELETE | 1.1 TITLE          | □ Change | □ Addition |
| NAME           |          | 1.2 NAME           |          |            |
| STREET ADDRESS |          | 1.3 STREET ADDRESS |          |            |
| CITY-ST-ZIP    |          | 1.4 CITY-ST-ZIP    |          |            |
| TITLE          | □ DELETE | 2.1 TITLE          | □ Change | □ Addition |
| NAME           |          | 2.2 NAME           |          |            |
| STREET ADDRESS |          | 2.3 STREET ADDRESS |          |            |
| CITY-ST-ZIP    |          | 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    |          |            |

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:

M. Klieverik

3-16-99 467 720 1168

Date

Daytime Phone #

CR2F024 (11/91)