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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90150 016 \*\*\*150.00

DOCUMENT #	P9700004644	a
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1. Corporation Name

DATA M	ANAGEMENT RESOURCES,	ING.										
Principal Place	e of Business	Mailing Address				1	160116001 510 10111 1001	, <b>ab</b> iti <b>aa</b> tik <b>aa</b> tii	60311 <b>3</b> 41 	) ( <b>)</b> ( ) ( ) ( )		1 (88)
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CLEARWATER FL 33764 CLEARWATER FL 33764 US US				DO NOT WRITE IN THIS SPACE								
••						,	Date Incorporated or C 05/23/1997	ualifed				
2. Principal P	lace of Business	2a. Mailing Address					FEI Number		+	-	Applied F	or
21		26	*				59-3448825				Not Appli	cable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status De	sired 🗀			5 Addition Required	I
City & Stat	e	City & State				6.	Election Campaign Fin	ancing	1	\$5.0	0 May B	le
23		28					Trust Fund Contribution	- 11	1		d to Fees	
Zip	Country	Zip	Cour	ntry		8.	This corporation owes	the current ye	ar Inta	ngible		
24	25	29	30			_	Personal Property Tax	<u> </u>		Yes	□No	
	9. Name and Address of Current	Registered Agent				10.	Name and Address o	f New Regist	ered A	gent		
(5)6)				81 Na	ame			,	Ì	•		1
1353	K, SUSAN E WEBER DRIVE		ļ	82 St	reet Addre	ess (P.	O. Box Number is Not	Acceptable)	1.			
CLE	ARWATER FL 33764		ſ	83		•						
•				<b>84</b> Cit	ty				FL	85 Z	ip Code	
office or r agent. I a	m familiar with, and accept the obligati	of Florida, Such change was at ions of, Section 607.0505, Flor	ida Statu	tes.	corporation	กรอง	bard of directors. I heret	y accept the		unem as		ered d
office or r agent. I a SIGNATURE	rn familiar with, and accept the obligati	and title if applicable. (NOTE:	Registered /	tes.	ature required	l when re	einstating)	DA	ιτει			
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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, of on an attachment with an address, with all other like empowered.

SIGNATURE: