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

PROFIT CORPORATION ANNUAL REPORT

**19**98

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101397 (2)

LAWSON & SMITH DATA, INC.

Principal Place of Business Mailing Address				1 (001)(29) 100 valvi 194(1) 20(1) 00(4) (184) 00(5) 1/100 1	
	R AVENUE, N.E.	1301 WELSER AVENUE. PALM BAY FL 32907	N.E.	1	
PALM BAY FL 32907 PALM BAY FL 32907			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 12/01/1997	
2. Principal F	Place of Business	2a. Mailing Address	··	4. FEI Number 59.3480407	Applied For Not Applicable
22	Suite, Apt. #, etc.         Suite, Apt. #, etc.           27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	<i>Z</i> ip <b>29</b>	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
11. Pursuant	101 WELSER AVENUE, N.E. ALM BAY FL 32907  10 the provisions of Sections 607 05	02 and 607.1508, Florida Statu	83 84 City	poration submits this statement for the purpose	of changing its registered
office or i agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obti Signature types or printed name of registered a	gations of, Section 607.0505, Fi	authorized by the corporation and Statutes  TF: Registered Agont signature requirements.	ition's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
·TITLE	D	DELETE	11 TITLE	7.65.11.01.01.01.01.01.01.01.01.01.01.01.01.	Change Addition
NAME	LAWSON, JAMES M		1.2 NAME		
STREET ADDRESS	1301 WELSER AVENUE, N.I		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		1,4 CITY - ST - ZIP		
TITLE	Par .	DELETE	2.1 Till.E		Change Addition
NAME	KATHER W LAWSON	<b>ئ</b> ،	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	.2.	
CITY-ST-ZIP	Melbourer Bu	eb, FL 32951	2. 4 CITY-ST-ZIP		
TITLE	VICE PUES.	∟J DELETE	3.1 TITLE		Change Addition
NAME	Many Smith 7107 Shenwood	 	3.2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP	Drusa, MC	Y F-C( Z-3	3.4. CITY - ST - ZIP		Change Addition
TITLE		T) perrie	4.1 TITLE		T Change T V00/000
NAME STORET ADDOLGO			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY+ST-ZIP 5.1 THLE		Change Addition
NAME		C) Salett	5.2 NAME		Change Notified
thrair.	1		A'C IN HAIL		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 City - St - ZiP

6.1 TITLE 6.2 NAME

DELETE

72E034 (10/97)

Addition

**FILED** 

May 01 1998 8:00am

Secretary of State