

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90188 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #. P98000000244

1. Corporation Name
DATAHEX INFORMATION SERVICES, INC.

562742-90005-19 2 *



Principal Place of Business 275 EAST OAKLAND PARK BLVD FORT LAUDERDALE FL 33334	Mailing Address 275 EAST OAKLAND PARK BLVD FORT LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/02/1998	4. FEI Number 65-080 4410	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business 800 W OAKLAND PARK Blvd - 800 W. Suite, Apt. #, etc. # 305	22. Mailing Address Blvd - 800 W. Suite, Apt. #, etc. # 305
23. City & State Fort. lauderdale FL	24. City & State Blvd. Fort laud. FL
25. Zip 33311	26. Zip 33311

9. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name
Barcel Raymond

82. Street Address (P.O. Box Number is Not Acceptable)
3004 NE 5th TERRACE # 209

83. City
Fort lauderdale FL

84. Zip Code
33334

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 *Raymond Barcel* **RAY BARTEL PRESIDENT** 4-29-99
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 PSTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTEL, RAYMOND		1.2 NAME	
STREET ADDRESS 275 EAST OAKLAND PARK BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33334		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOCK, MICHAEL		2.2 NAME	
STREET ADDRESS 275 EAST OAKLAND PARK BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33334		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Raymond Barcel* 4-29-99 954-567-2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)