

FILED
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90011 020 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000048515

1. Corporation Name
DATAGLYPHICS, INC.



Principal Place of Business 233-3RD STREET NORTH, STE 201 ST PETERSBURG FL 33701	Mailing Address 233-3RD STREET NORTH, STE 201 ST PETERSBURG FL 33701
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1998	
21	26	4. FEI Number 59-3519947		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	29		30	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

STOVER, WILLIAM H JR
233-3RD STREET NORTH, STE 201
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOVER, WILLIAM H JR	
STREET ADDRESS	11850- 9TH STREET NORTH, APT 5209	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUTCHESON CRAIG, MARSHALL E SOIN	
STREET ADDRESS	233-3RD STREET NORTH, STE 201	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
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	
1.4 CITY-ST-ZIP	
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.

SIGNATURE: Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 Date 727-827-3939 Daytime Phone #

CR2E034 (5/99)

P98000048515
594147-90020-3

July 15, 1999

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

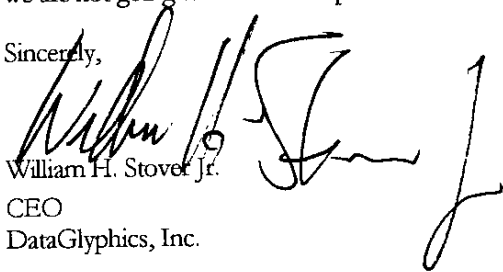
Dear Division of Corporations:

I am writing this letter because I have called your phone number, 850-487-6059, and spoken with one of your representatives about our filing fee. This is our first year of incorporation and we did not receive a "first notice" for our annual report. When we received our "second notice" with the \$400 late fee, I called to explain the situation and they told me to send in a check for the \$150 and a letter explaining the situation. I did this, but received a letter 2 weeks later (attached) saying I still owed the \$400 late fee. I then called your division and they told me you would handle this and to send the letter back to this PO Box and to let you know that they did cash the \$150 check.

Thank you for your help. If you need anything else from me, please let me know. My phone number is 727-827-3939.

Could you please send me confirmation that we are all clear once this has been processed so that I know we are not going to have the corporation dissolved?

Sincerely,



William H. Stover Jr.
CEO
DataGlyphics, Inc.