

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90008 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000069951**

1. Corporation Name  
**DATA DIRECT SYSTEMS, INC.**

Principal Place of Business  
**124 RENELLIE DRIVE  
TAMPA FL 33609**

Mailing Address  
**124 RENELLIE DRIVE  
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/06/1998**

4. FEI Number

**59-3528088**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

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

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 **1902 W. Kennedy Blvd.**

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tampa FL**

28 City & State

24 Zip

Country

25 Zip

Country

24 **33606**

25 **Hillsborough**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANSOUR, JAMAL  
124 RENELLIE DRIVE  
TAMPA FL 33609**

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 **D** ☐ DELETE

NAME **MANSOUR, JAMAL**  
STREET ADDRESS **4943 BAYWAY PLACE**  
CITY-ST-ZIP **TAMPA FL 33629**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **COYLE, JEFFREY M**  
STREET ADDRESS **3309 FOXRIDGE CIRCLE**  
CITY-ST-ZIP **TAMPA FL 33618**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/99**  
Date

**(813) 258-6691**  
Daytime Phone #

CR2E034 (5/99)

**Data Direct System, Inc.**

1902 West Kennedy Boulevard  
Tampa, Florida 33606

Phone (813)258-6691  
Fax (813)258-6693

591102-90008-8  
P98000069951

July 06, 1999

Florida Department of State  
PO Box 1500  
Tallahassee, FL 32302-1500

In reference to the 1999 Profit Corporation Annual Report Packet, we have enclosed a check in the amount of \$150.00, which is the fee for the first notice. However, the only notice that we received was the second. We apologize for any inconvenience. Also, I would like to make a note that our new address is 1902 West Kennedy Boulevard, Tampa, Florida 33606. Thank you in advance for your prompt attention to this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,



Jamal Mansour