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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000080886

DATA STREAM TECHNOLOGY, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|
|-----------|-------|----|----------|

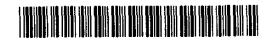
Mailing Address

331 NW 20TH STREET

P.O. BOX 3127

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90084 020 ***150.00



| OCALA FL 34475 | | HIGH SPRINGS FL 32655-3127 | | DO NOT W | DO NOT WRITE IN THIS SPACE | | | | | |
|-------------------------------------|---|---------------------------------|---|---|--|------------------------------------|-----------------------|-----------------------------|--|--|
| • | | | | | 3. Date Incorporated or Qualife 09/14/1998 | | - | | | |
| 2. Principal P | Place of Business 2a. Mailing Address | | | 4. FEI Number | 1 | V/ | Applied For | | | |
| <u> </u> | 20 | | | | | <u></u> = | | vot Applicable | | |
| Suite, Apt. | pt. #, etc. Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | □ · | • | Additional Required | | |
| City & State | е | City & State | | Election Campaign Financing Trust Fund Contribution | 9 🗆 | | May Be to Fees | | | |
| Zip 24 | Country 25 | Zip Country | | | This corporation owes the corporation of th | - | ngible | № | | |
| 24 | 9. Name and Address of Current | 1 | <u>, </u> | | 10. Name and Address of Nev | Registered A | gent | | | |
| | V. Hallo and Addio | | 81 | Name | | | _ | | | |
| FOUCHE, KEVIN 331 NW 20TH STREET | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | LA FL 34475 | | 83 | | | | | | | |
| | | | 84 | City | | FL | 85 Zir | Code | | |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation | t Florida. Such change was auth | ionzea by | the corp | corporation submits this statement for the oration's board of directors. I hereby according to the control of the corporation o | ne purpose of c cept the appoin | hanging:i tment as | ts registered registered | | |
| SIGNATURE | Signature, typed or printed name of registered agent | | | ıt signature i | required when reinstating) | DATE | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO | OFFICERS AN | | | | |
| TITLE | | ☐ DELETE | 1.1 TITLE | | P | | Change | e Madition | | |
| NAME | | | 1.2 NAME | | KEVIN FOUCHE | | | | | |
| STREET ADDRESS | | | 1.3 STREE | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 1.4 CITY-S | r-zip | OCALA,FL 34475 | | | - Addition | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | · | | ☐ Change | e Addition | | |
| NAME | | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | | | 2.3 STREE | ADDRESS | | | | = | | |
| CITY-ST-ZIP | | | 2. 4 CiTY-5 | IT-ZIP | | | | | | |
| TITLE | ☐ DELETE 3.4 TIT | | 3.1 TITLE | | | | ☐ Change | e [] Addition | | |
| NAME | | | 3.2 NAME | | } | | | { | | |
| STREET ADDRESS | | | 3.3 STREE | TADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4, CITY-5 | T-ZIP | | | | P*** A . No. | | |
| TITLE | ☐ DELETE 4.1 T | | 4.1 TITLE | | | | ☐ Chang | e 🖺 Addition | | |
| NAME | | | 4.2 NAME | | • | | | | | |
| STREET ADDRESS | | | 4.3 STREE | F ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | Change | e | | |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREE | F ADDRESS | · | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | Change | e Addition | | |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | } | | 6.3 STREE | T ADDRESS | 1 | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | T-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: