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 #	P98000084081
1. Corporation Name	. 0000000.00.

DATACOFT INC

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90103 034 ***150.00

	FT, INC.					
Principal Place	of Business	Mailing Address				
•		1730 S. FEDERAL HWY.		- 1		
1730 S. FEDERA SUITE 340	AL HWT.	SUITE 340				
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483			DO NOT WRITE IN THIS	S SPACE		
				3. Date Incorporated or Qualifed		
				09/30/1998	A-E-I-I-	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	ATLANTIC AVE	26 LOE. ATLANT	TIC PIVE	65-0866249	Not Applicable \$8.75 Additional	
Suite, Apt. :	· _	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	
22 ST		27 Ste 3 223 City & State		6. Election Campaign Financing	- \$5.00 May Be	
23 DEURAN		28 DELPAY BEA	CH FL	Trust Fund Contribution	Added to Fees	
Zip	BEACH FL Country	Zip	Country	8. This corporation owes the current year In	ntangible	
24 3344	. — "	29 33444 3	OPALIT BERG		∐Yes □No	
27 3747	9. Name and Address of Current			10. Name and Address of New Registered	I Agent	
			81 Name			
	RIDA INCORPORATORS, INC.		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
	BRICKELL AVENUE		52 0	,		
	E 900		83	,		
MIAN	AI FL 33131		84 City		85 Zip Code	
			-	FL FL	_ '	
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autr ons of, Section 607.0505, Florid	honzed by the corpo la Statutes.	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	intment as registered	
	Signature, typed or printed name of registered agent		egistered Agent signature re		ND DIDECTORS IN 12	
12.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D DOCED	_ OLLETE			☐ Change ☐ Addition	
NAME	BHIKHA, P. ROGER 1730 S. FEDERAL HWY. SUITE		12 NAME		☐ Change ☐ Addition	
STREET ADDRESS	1/30 S. FEDERAL HWI. SUITE	240	1.2 NAME		Change Addition	
	DELIDAY DEACH EL 22402	340	1.3 STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DI RECTOR	☐ Change ☐ Addition	
TITLE	DELRAY BEACH FL 33483	340 ☐ DELETE	1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE	DIRECTOR		
TITLE NAME	DELRAY BEACH FL 33483		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	SREENIVASULU REDUT		
TITLE NAME STREET ADDRESS	DELRAY BEACH FL 33483		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	SREENIVASULU REDUT 18640 OCEMN MIST DR.	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33483		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	SREENIVASULU REDUT 18640 OCEMN MIST DR. BOWN PATON FL 33498	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELRAY BEACH FL 33483	☐ DELETE	1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP	SREENIVASULU REDUT 18640 OCEMN MIST DR. BOLA RATON FL 33498 DIRECTOR	☐ Change ☐ Addition ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33483	☐ DELETE	1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE	SREENIVASULU REDUT 18640 OCEMN MIST DR. 3014 RATON FL 33498 DIRECTOR 17. ALI ANSARI 2901 CLINT MOORE RO	☐ Change ☐ Addition ☐ Change ☐ Addition 44 4-9-3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELRAY BEACH FL 33483	☐ DELETE	1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	SREENIVASULU REDUT 18640 OCEMN MIST DR. BOLA RATON FL 33498 DIRECTOR	☐ Change ☐ Addition ☐ Change ☐ Addition 44 4-9-3	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33483	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SREENIVASULU REDUT 18640 OCEMN MIST DR. 3014 RATON FL 33498 DIRECTOR 17. ALI ANSARI 2901 CLINT MOORE RO	☐ Change ☐ Addition ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELRAY BEACH FL 33483	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	SREENIVASULU REDUT 18640 OCEMN MIST DR. 3014 RATON FL 33498 DIRECTOR 17. ALI ANSARI 2901 CLINT MOORE RO	☐ Change ☐ Addition ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELRAY BEACH FL 33483	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	SREENIVASULU REDUT 18640 OCEMN MIST DR. 3014 RATON FL 33498 DIRECTOR 17. ALI ANSARI 2901 CLINT MOORE RO	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELRAY BEACH FL 33483	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	SREENIVASULU REDUT 18640 OCEMN MIST DR. 3014 RATON FL 33498 DIRECTOR 17. ALI ANSARI 2901 CLINT MOORE RO	☐ Change ☐ Addition ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	DELRAY BEACH FL 33483	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	SREENIVASULU REDUT 18640 OCEMN MIST DR. 3014 RATON FL 33498 DIRECTOR 17. ALI ANSARI 2901 CLINT MOORE RO	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	DELRAY BEACH FL 33483	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SREENIVASULU REDUT 18640 OCEMN MIST DR. 3014 RATON FL 33498 DIRECTOR 17. ALI ANSARI 2901 CLINT MOORE RO	Change Addition Change Addition Change Addition Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELRAY BEACH FL 33483	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	SREENIVASULU REDUT 18640 OCEMN MIST DR. 3014 RATON FL 33498 DIRECTOR 17. ALI ANSARI 2901 CLINT MOORE RO	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33483	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SREENIVASULU REDUT 18640 OCEMN MIST DR. 3014 RATON FL 33498 DIRECTOR 17. ALI ANSARI 2901 CLINT MOORE RO	Change Addition Change Addition Change Addition Change Addition	

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

1/5755

561-265-050 x 206

Davtime Phone #