


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

99 JUL 14 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

002716

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000097885</b>					
1. Corporation Name <b>DATA DESIGN TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>1811 LYONS RD. STE 206 COCONUT CREEK FL 33063</b>			Mailing Address <b>1811 LYONS RD. STE 206 COCONUT CREEK FL 33063</b>		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/16/1998</b>	
				4. FEI Number <b>65-0875147</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>WOLF, DIANE 1811 LYONS RD, STE 206 COCONUT CREEK FL 33063</b>				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

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	<b>PRESIDENT AND DIRECTOR</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIMOTHY B. SCHAEFER</b>	1.2 NAME	
STREET ADDRESS	<b>1811 LYONS ROAD #206</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>COCONUT CREEK FL 33063</b>	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>200002945052-6</b>
NAME		2.2 NAME	<b>-07/30/99-01045-007</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>****167.50 ****167.50</b>
CITY-STATE-ZIP		2.4 CITY-STATE-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-STATE-ZIP		3.4 CITY-STATE-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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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:

*Timothy B Schaefer* **TIMOTHY B SCHAEFER**

**JULY 9, 1999**

CR2E034 (5/99)

2

**Data Design Technologies, Inc.**  
**1811 Lyons Road, Coconut Creek, FL 33063 954.956.0305**

July 13, 1999

**VIA PRIORITY MAIL**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
Attn: Leslie Sellers

Re: Data Design Technologies, Inc.  
Filing of Annual Report  
Document # P98000097885

Dear Ms. Sellers:

On behalf of the above referenced corporation, Data Design Technologies, Inc. (the "Company"), please find the Company's Annual Report filing. We respectfully request that the Department of State, Division of Corporations accept the \$150 filing fee in connection with this filing since the Company did not receive a previous notice from the Department of State to make this filing in a timely manner.

The Company is also requesting (1) a Certificate of Status and (2) a certified copy of this Annual Report filing.

The Company is enclosing a check made payable to the Department of State in the amount of \$167.50 which includes the \$150 Annual Report filing fee, \$8.75 to cover the Certificate of Status and \$8.75 to cover the certified copy of the Annual Report filing.

The Company has also included a return self-addressed envelope for priority overnight mailing of the Certificate of Status and certified copy of the Annual Report filing.

Thank you so much for your help in connection with this matter. The Company is most anxious to open a bank account in the name of the Corporation and your efforts are greatly appreciated. Should you have any questions in connection with this filing, please do not hesitate to contact the undersigned at the phone number indicated above.

Sincerely,

  
Diane Wolf  
Registered Agent