


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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90052 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000098958

1. Corporation Name
DATA DEVELOPMENT SOLUTIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1639 CAPE CORAL PARKWAY SUITE 205 FORT MYERS FL 33904	Mailing Address 1639 CAPE CORAL PARKWAY SUITE 205 FORT MYERS FL 33904
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3. Date Incorporated or Qualified
11/20/1998

2. Principal Place of Business 21 1639 CAPE CORAL PARKWAY Suite, Apt. #, etc.	2a. Mailing Address 26 1639 CAPE CORAL PARKWAY Suite, Apt. #, etc.
22 SUITE 205 City & State	27 SUITE 205 City & State
23 CAPE CORAL FL Zip Country	28 CAPE CORAL FL Zip Country
24 33904 25 LEE	29 33904 30 LEE

4. FEI Number
65-0877627

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

TESTA, DEAN
1639 CAPE CORAL PARKWAY
SUITE 205
FORT MYERS FL 33904

10. Name and Address of New Registered Agent

81 Name **TESTA, DEAN**
 82 Street Address (P.O. Box Number is Not Acceptable) **1639 CAPE CORAL PARKWAY**
 83 **SUITE 205**
 84 City **CAPE CORAL** FL 85 Zip Code **33904**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESTA, DEAN	1.2 NAME	TESTA, DEAN
STREET ADDRESS	1639 CAPE CORAL PARKWAY #205	1.3 STREET ADDRESS	1639 CAPE CORAL PARKWAY
CITY-ST-ZIP	FORT MYERS FL 33904	1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-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-ST-ZIP		3.4 CITY-ST-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-ST-ZIP		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		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, with all other like empowered.

SIGNATURE: SIGNATURE TESTA 1/04/1999 941-549-6065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)