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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S64056

DATASTAT, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- I MADINETA DIA BIRI DIDIT OBIDI BARDI DILIT DIDIT D	fille Arbeit Ander Asa	hir densi todi
2547 CANTER W. PALM BEA			2547 CANTERBURY DR. N. W. PALM BEACH FL 33407			DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualified 06/28/1991		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For	
21		26	4 -			65-0276893	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	27			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State	├			6. Election Campaign Financing		May Be
23		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		to Fees
Zip	Country	Zip	—	- 7 ·		 This corporation owes or has paid the of Personal Property Tax due June 30. 		tangible No
24	9. Name and Address of Curi	29 rent Registered Agent	30	901		10. Name and Address of New Registers		
WO	LITICH, WILLIAM			81	Name			
254	7 CANTERBURY DR N			82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
***	PALM BCH FL 33407		83					
				84	City	F	┗▎▎ੰ	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								
				egistered Agent signature requir		ADDITIONS/CHANGES TO OFFICERS A		DC (N. 12
TITLE				1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	WOLITICH, WILLIAM			1.2 NAME				
STREET ADDRESS	2547 CANTERBURY DR. N				ADDRESS			:
CITY-ST-ZIP	W. PALM BEACH FL	•		CITY-ST-ZIP				- 1
TITLE			2.1 TiT		·		Change	Addition
NAME	22		2.2 NA	.2 NAME				
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS				1
CITY-ST-ZIP			2.40	P. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	3.0		3.4. Ci	ITY - S	T-ZIP			
TITLE		DELETE 4.1		LE	ĺ		Change	☐ Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 ST	AEET .	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-51	T - ZIP			
TITLE		☐ DELETE	5.1 TIT	LE			Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET .	ADDRESS		,	
CITY - ST - ZIP			5.4 CI	TY-SI	T - ZIP			
TITLE		☐ DELETE	6.1 TIT	LE			Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			}
CFTY-ST-ZWP			6.4 01					
14. I hereby c	ertify that the information supplied	with this filing does not qualify	for the exe	mpt	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information

Interect certify that the information supplied with this filling does not quality 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. 561-863-4156