


COND 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).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S64056  
Corporation Name  
DATASTAT, INC.

Principal Place of Business  
7 CANTERBURY DR. N.  
PALM BEACH FL 33407

Mailing Address  
2547 CANTERBURY DR. N.  
W. PALM BEACH FL 33407

FILED  
Sep 15, 1999 8:00 am  
Secretary of State  
09-15-1999 90001 031 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
06/28/1991

4. FEI Number  
65-0276893

Applied For  
Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent  
WOLITICH, WILLIAM  
2547 CANTERBURY DR N  
W PALM BCH FL 33407

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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.

NATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ET ADDRESS  
ST-ZIP  
D  
WOLITICH, WILLIAM  
2547 CANTERBURY DR. N.  
W. PALM BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

ET ADDRESS  
ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

ET ADDRESS  
ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

ET ADDRESS  
ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

ET ADDRESS  
ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

ET ADDRESS  
ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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.

GNATURE:  9/9/99 561-863-4156

CR2E034 (5/99)