

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

FILED  
Mar 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** S66496 (8)  
1. Corporation Name  
**DATA CAPITAL CORP.**

Principal Place of Business <b>c/o BECKER &amp; POLIAKOFF 5201 Blue Lagoon Drive Suite 100 Miami, FL 33126</b>	Mailing Address <b>C/o BECKER &amp; POLIAKOFF 5201 Blue Lagoon Drive Suite 100 Miami, FL 33126</b>
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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
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3. Date Incorporated or Qualified <b>07/11/1991</b>	3a. Date of Last Report <b>01/31/96</b>
4. FEI Number <b>65-0272623</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**CAHAN, RICHARD J. ALAN  
c/o Becker & Poliakoff  
5201 Blue Lagoon Drive, Suite 100  
Miami, FL 33126**

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 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, and I further accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

12.1 NAME <b>D ROBERTS, GREGORY</b>	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS <b>BAY ST. &amp; VICTORIA AVE. N. NASSAU, BAHAMAS</b>	<input type="checkbox"/> DELETE
12.3 CITY, ST., ZIP <b></b>	<input type="checkbox"/> DELETE
12.4 NAME <b></b>	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS <b></b>	<input type="checkbox"/> DELETE
12.6 CITY, ST., ZIP <b></b>	<input type="checkbox"/> DELETE
12.7 NAME <b></b>	<input type="checkbox"/> DELETE
12.8 STREET ADDRESS <b></b>	<input type="checkbox"/> DELETE
12.9 CITY, ST., ZIP <b></b>	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST., ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST., ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST., ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST., ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GREGORY ROBERTS**  
Date \_\_\_\_\_ Daytime Phone # **809-322-1751**

CR2E034 (9/96)