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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # DATA CADITAL CORP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

S66496

(8)

FILED Feb 25 1998 8:00am Secretary of State

חותם	CAPITAL CORF.						
Oringinal Place	o of Ducinous	Moiling	A delegan				,
Principal Place of Business Mailing Add						1	
C/O BECKER & POLIAKOFF 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126 C/O BECKER & POLIA 5201 BLUE LAGOON D MIAMI FL 33126			BLUE LAGOON DRI			DO NOT WRITE IN	N THIS SPACE
MIMMI FL S	53120	MIRMI	1 FL 33120			3. Date Incorporated or Qualified	7
						07/11/1991	`
2. Principal P	lace of Business	2a. Mailir	ng Address			4. FEI Number	Applied For
21			6			65-0272623	Not Applicable
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			<u> </u>	\$8.75 Additional
22 27			<u> </u>			a. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	⊢ ′	Country Zip Count			y	8. This corporation owes or has paid	· - ·
24	25	29]		<u> </u>		Personal Property Tax due June 30	
	9, Name and Address of Curre	int Hegistered	Agent	81	Name	10. Name and Address of New Regis	stered Agent
	CAHAN, RICHARD J. ALAN			61	Name		
C/O BECKER & POLIAKOFF				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
5201 BLUE LAGOON DRIVE SUITE 100				83	ļ		
N	11AMI FL 33126			63			
				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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Signature, typod or printed name of registered of			gA berelaige	ent signeture require	ed when reinstating)	DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	D DELET		L DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	ROBERTS, GREGORY D.			1.2 NAME			
STREET ADDRESS BAY ST & VICTORIA AVE		1.3 STRE		1.3 STREET	F ADDRESS		ļ
CITY-ST-ZIP	NASSAU, BAHAMAS			1.4 DITY-S	ST-ZIP		
TITLE			☐ DELETE	2.1 TITLE			Change Addition
NAME				22 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS		
C(TY-ST-ZIP			The street	2. 4 CITY-	ST-ZIP		
TITLE			☐ DEL e te	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	l		
CITY-ST-ZIP			- CELETE	3.4. CITY-	ST-ZIP	· <u>····</u>	Observed Assettition
TITLE			☐ DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			ļ
STREET ADDRESS				4.3 STREET	i		•
CITY-ST-ZIP			priete	4.4 CITY - S	ST- ZIP		Observed In Addition
TITLE	_		5.1 TITL€			☐ Change ☐ Addition	
NAME				5.2 NAME]		ļ
STREET ADDRESS				5.3 STREET			
CITY-ST-ZIP			DOLLER	5.4 CITY - S	ST - ZIP		(h
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY+ST-ZIP				64 CITY-S	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 optrustee dispowered 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: V

2/18/98