FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -3 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S91391** **(0)**

1. Corporation Name
ADVANCED DATA ACQUISITION SYSTEMS, INC.

Principal Place of Business	Mailing Address
% LEE HENDELSON 2845 N. MILITARY TRAIL #15 WEST PALM BEACH FL 33409	% LEE HENDELSON 2845 N. MILITARY TRAIL #15 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0292579 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDELSON, LEE
2845 N. MILITARY TRAIL
#15
WEST PALM BEACH FL 33409

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	SMITH, GARVIN	12 NAME	
STREET ADDRESS	909 MEADOW CIRCLE	13 STREET ADDRESS	2111 N.W. 53rd Terr.
CITY-ST-ZIP	LANTANA FL	14 CITY-ST-ZIP	Gainesville, FL. 32602
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MERRILL, SHELLY	22 NAME	
STREET ADDRESS	7810 MALCOLM RD.	23 STREET ADDRESS	
CITY-ST-ZIP	CLINTON MD	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	HENDELSON, LEE	32 NAME	
STREET ADDRESS	2834 CUYAHOGA LANE	33 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	LOCKMAN CAREY L.	42 NAME	
STREET ADDRESS	12437 GUILFORD WAY	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: GARVIN SMITH 8-1-95 904-336-7673
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0240694 CP