FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **11/01/1991**
3a. Date of Last Report: **08/03/1995**
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 any, of the (NOTE: Registered Agent's signature required where indicated.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		XX Change ☐ Addition
NAME	SMITH, GARVIN		1.2 NAME		
STREET ADDRESS	909 MEADOW CIRCLE		1.3 STREET ADDRESS	2111 NW 58th Terr.	
CITY-ST-ZIP	LANTANA FL		1.4 CITY-ST-ZIP	Gainesville,Fl.32605	
TITLE	D	☐ DELETE	2.1 TITLE	DVP	XX Change ☐ Addition
NAME	MERRILL, SHELLY		2.2 NAME		
STREET ADDRESS	7810 MALCOLM RD.		2.3 STREET ADDRESS	5422 Wycklow Ct.	
CITY-ST-ZIP	CLINTON MD		2.4 CITY-ST-ZIP	Alexandria,Va.22304	
TITLE	DST	☐ DELETE	3.1 TITLE		XX Change ☐ Addition
NAME	HENDELSON, LEE		3.2 NAME		
STREET ADDRESS	2834 CUYAHOGA LANE		3.3 STREET ADDRESS	2835 Cuyahoga Lane	
CITY-ST-ZIP	W PALM BEACH FL		3.4 CITY-ST-ZIP	West Palm Beach,Fl.33409	
TITLE	DVP	XX DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOCKMAN CAREY L.		4.2 NAME		
STREET ADDRESS	12437 GUILFORD WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Lee Hendelson 4/25/96 407-471-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #