


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90236 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
DOCUMENT # S96085 1. Corporation Name LANDATA-FORESIGHT, INC.																																																																																																																																									
Principal Place of Business 6304 BENJAMIN ROAD 505 TAMPA FL 33623 US			Mailing Address P.O. BOX 26131 TAMPA FL 33623																																																																																																																																						
2. Principal Place of Business 21 6304 Benjamin Rd Suite, Apt. #, etc. 22 Suite 513 City & State 23 Tampa, FL Zip Country 24 33634 25 US		2a. Mailing Address 26 6304 Benjamin Rd Suite, Apt. #, etc. 27 Suite 513 City & State 28 Tampa, FL Zip Country 29 33634 30 US		3. Date Incorporated or Qualified 11/22/1991 4. FEI Number 59-3098354 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																					
9. Name and Address of Current Registered Agent WARREN, MARTIN L. 6304 BENJAMIN ROAD SUITE 505 TAMPA FL 33634			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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GREELEY, LAWRENCE E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3897 AMBASSADOR DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM HARBOR FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WARREN, MARTIN L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7903 PAT BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VS</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>CURTIS, BRUCE K.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14006 ELLESMERE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> DELETE	NAME	GREELEY, LAWRENCE E.		STREET ADDRESS	3897 AMBASSADOR DR.		CITY-ST-ZIP	PALM HARBOR FL		TITLE	VT	<input type="checkbox"/> DELETE	NAME	WARREN, MARTIN L.		STREET ADDRESS	7903 PAT BLVD.		CITY-ST-ZIP	TAMPA FL		TITLE	VS	<input type="checkbox"/> DELETE	NAME	CURTIS, BRUCE K.		STREET ADDRESS	14006 ELLESMERE DR.		CITY-ST-ZIP	TAMPA FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>VD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Warren, Martin</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>7903 Pat Blvd</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>Tampa, FL</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Lee, Donald</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>7742 Oakhill Park</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>San Antonio, TX</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>TD</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>Petty, Richard</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>2929 Mossrock Dr., #200</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>San Antonio, TX</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	Warren, Martin		1.3 STREET ADDRESS	7903 Pat Blvd		1.4 CITY-ST-ZIP	Tampa, FL		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME	Lee, Donald		2.3 STREET ADDRESS	7742 Oakhill Park		2.4 CITY-ST-ZIP	San Antonio, TX		3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	Petty, Richard		3.3 STREET ADDRESS	2929 Mossrock Dr., #200		3.4 CITY-ST-ZIP	San Antonio, TX		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		
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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, with all other like empowered.

SIGNATURE:

Lawrence Greeley

3/9/99

Date

(813) 886-8400

Daytime Phone

CR2E034 (11/98)