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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$98569

1. Corporation Name

DATUM CORPORATION INTERNATIONAL

							(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place	e of Business	Mailing Address			i ibilitate un rares rares anus arrus ar)11 E1847 B1811 S1811 B18	17 91911 21217 1327
102 WOODLAND PL P.O. BOX 668 OSPREY FL 34229 US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 12/05/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0302307	- T	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
City & State	9	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Counti	У	8. This corporation owes the current	year Intangible ☐ Yes	52/2 %
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Regi		3200
	9. Name and Address of Curr	ent Registered Agent	8	1 Name	10. Name and Address of New Regi	Stereu Agent	
PIDD	ELL IEEEEDOON E		°	Name			
RIDDELL, JEFFERSON F.			8:	2 Street	Address (P.O. Box Number is Not Acceptable)	
3131 S. TAMIAMI TRAIL SARASOTA FL 34239							
SARI	4501A FL 34239		8				
			8	4 City		FL 85 2i	p 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, by 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. SIGNATURE Signature, from the provision of glistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.		AND DIRECTORS	13.	on agricular	ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12
TITLE	р	☐ DELETE	1.1 TITLE			☐ Chang	
NAME	GERALD F. FENNELL		1.2 NAME				
STREET ADDRESS	1280 MUSTANG ST			ET ADDRESS			
i	NOKOMIS FL		1.4 CITY-				
CITY-ST-ZIP TITLE	S	DELETE	2.1 TITLE			☐ Chang	je Addition
NAME	SHARON P. FENNELL		2.2 NAME				
· - i	1280 MUSTANG ST		-	ET ADDRESS			ŀ
STREET ADDRESS	NOKOMIS FL		l				
CITY-ST-ZIP TITLE	NOROMIS PL	☐ DELETE	2.4 CITY 3.1 TITLE			☐ Chang	e Addition
			3.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE			☐ Chang	e Addition
TITLE							_
NAME		l	4.2 NAM				
STREET ADDRESS				ET ADDRESS			ĺ
CITY-ST-ZIP	-4	☐ DELETÉ	4.4 CITY-			Chang	e Addition
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NAME		l	ı				
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CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE			☐ Chang	e Addition
TITLE		□? DECE1E	6.2 NAME				Addiaon
NAME							ļ
STREET ADDRESS			■ o.3 SIKE	ET ADDRESS	1		

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 supplied entry 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 of the receiver or trustee impowered 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: