FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

V00600

(9)

BRYANT	LIADDIM	IADE	INIC
	THOUSE STATE	MNF.	HWL.

DATAN	II HANDWARE, INC.						
Principal Place	of Business	Mailing Address				JOH DIJH DIDII DIDII BII	
11697 GREE! WEST PALM	NBRIAR CR. BEACH FL 33414	11697 GREENBRIAR CF WEST PALM BEACH F					
			~		 Date Incorporated or Qualified 12/17/1991 	3a. Date of Last 05/01/19	'
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FET Number 65-0300936		Applied For
Suite, Apt. #	+, etc.	Suite, Apt. #, etc.				\$8.7	Not Applicable 5 Additional
22		27			5. Certificate of Status Desired	1 1	Required
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be
23 Zip	Country	28	T 72		Trust Fund Contribution	AOO	led to Fees
24) Z.D	25	Ζφ 29	Country 30	′	This corporation has liability for in Florida Statutes		s 199.032,
	9. Name and Address of Currer		1301		10. Name and Address of New Re		
			81	Name			
BRYANT	, BILLY H., JR.		82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)	
	reenbriar Cr.				1935 (70. DOX Method to 1151 / 1600) tuni	<i>-</i>	
WEST P	ALM BEACH FL 33414		83				
			84	City		—. 85 Z	Zip Code
11 Dura part t	a the presidence of Seet and SO / 0000	01 007 1502 51 11 01 1		L		FL	•
or registere	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authorize	ed by the corr	nameo corpor oration's boai	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of changing its intment as registera	i registered office ed agent. I ani
SIGNATURE _							
12.	Signature, typed or protect name of registered agent OFFICERS AN	Land the Eaguithade (NO) D DIRECTORS	für Rügisterick Age 13.	it segment are response		DATE	CASASA DA ACC
TITLE	DP	DELETE	13. 1 1 Tills		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECT	
NAME	BRYANT, BILLY H., JR.	<u> </u>	1.2 NAME			Ell olidings	
STREET ADDRESS	11697 GREENBRIAR CR.		1.3 STREE	ADORESS			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 Offy-1	j			
THILE	DST	DELETE.	2 1 THELE			☐ Change	Addition
NAME	BRYANT, SUSAN C.		2.2 NAME				
STREET ADDRESS	11697 GREENBRIAR CR.		2 3 STREE	ADORESS			
CITY - ST - ZIP	WEST PALM BEACH FL	F) pourry	2.4 CITY - S	ST - ZIP		···-	
TITLE NAME		☐ DELETE	3 1111.6			☐ Change	☐ Addition
STREET ADDRESS			3.2 NAME	1.4000000			
CITY - ST - ZIP			3.3 STHEE 3.4 CITY - 8	F ADDRESS			
TITLE		DELFTE	4 1 TITLE	01-21-		☐ Change	Addition
NAME			4.2 NAME			<u></u>	
STREET ADDRESS			4.3 STREET	ACORESS			
CITY - ST - ZiP			4.4 OiTY - S	SI- ZIP			
THILE		DELETE	5 1 TITLE			☐ Change	☐ Add-tion
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ŀ			
TITLE	V V V V V V V V V V V V V V V V V V V	DELETE	54 Offy - 8 6 1 Tifle	51 - Z-P		Change	Add tion
NAME			6.2 NAME			☐ entitle	C Maderial
STREET ADDRESS			6.3 STHEET	ADDRESS			
CITY - ST - ZIP			640 TY-5	ST-ZIP			
14. I do hereby certify that oath, that I appears in	r certify that the information supplied the information indicated on this aim, am an officer or director of the corporation of	with this filing is voluntarily furnitial report or supplemental annu- ration or the receiverfor trusted on an attachment with an addre	shed and doe lat report is tru enipowered ess.	s not qualify for ue and accura- to execute this	or the exemption stated in Section 119.0 ite and that my signature shall have the signature shall have the signature of the signature of the state of the signature of the signa	7(3)(k), Florida Statu anie legal effect as rida Statutes; and tr	utes. I further if made under nat my name
SIGNAT	URE: SIGNATURE AND TYPES OF	PRINTED NAME OF SIGNING OFFICE	BILLY I	I. BRYAI	NT, JR. 4/22/96	407-	-925-5501

CR2E034 (12/95)