

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 # V36993 (6)

1. Corporation Name

DATA GROUP INTERNATIONAL, INC.



Principal Place of Business

5959 CENTRAL AVENUE
SUITE 105
ST. PETERSBURG FL 33710

Mailing Address

5959 CENTRAL AVENUE
SUITE 105
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified
05/14/1992

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21 5999 CENTRAL AVE.

Suite, Apt. #, etc.

22 STE. 200

City & State

23 ST. PETERSBURG FL

Zip

24 33710

Country

25 PINELLAS

2a. Mailing Address

26 5999 CENTRAL AVE.

Suite, Apt. #, etc.

27 STE. 200

City & State

28 ST. PETERSBURG FL

Zip

29 33710

Country

30 PINELLAS

4. FEI Number
59-3130060

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

TENNEY, MARC A.
5959 CENTRAL AVENUE
SUITE 105
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5999 CENTRAL AVE.

83

STE. 200

84 City

ST. PETERSBURG

FL

85 Zip Code

33710

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 the applicable

State. Registered Agent signature required when re-stating.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PST
STREET ADDRESS DEMYANOVICH, ULRIKE M.
CITY-ST-ZIP 5208 WHITE SAND CIR NE
ST. PETERSBURG FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 550 BATTERY ST #813
1.4 CITY-ST-ZIP SAN FRANCISCO CA 94111

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date

415 296 9667

Daytime Phone

CR2E034 (12/95)