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

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90006 012 ***150.00

CLIBATINET # NAA

1. Corporation Name DATAMAX BUSINESS SEI				
Principal Place of Business	Mailing Address			01011 84911 81811 91911 81811 1801
829 LAKESIDE TERRACE PALM HARBOR FL 34683 US	829 LAKESIDE TERRACE PALM HARBOR FL 34683 US		DO NOT WRITE IN TH	S SPACE
			3. Date Incorporated or Qualifed 07/06/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
- 111311 A 1	Larre 26 Same		59-3132682	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Dynedin FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Countr	ry Zip /////// 29 30	Country	This corporation owes the current year I Personal Property Tax.	ntangible AYes □No
	ess of Current Registered Agent		10. Name and Address of New Registere	d Agent
NORBOM, HERBERT R. 829 LAKESIDE TERRACE PALM HARBOR FL 34683		81 Name 82 Street A 83	No-born, H(-b1-f R. Address (P.O. Box Number is Not Acceptable) 34 A/9170 (972	
• •		84 City /	unedry F	_ \
office or registered agent, or both	n, in the State of Florida. Such change was authough the obligations of, Section 607.0505, Florida	the above-named orized by the corpo	corporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	of changing its registered ointment as registered
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE PDS	☐ DELETE	1.1 TITLE		Change Additio

4898 its registered registered TORS IN 12 Addition NORBOM, HERBERT R. 1.2 NAME 1434 Alamo Lane Duncdin FL 34898 AChange NAME 829 LAKESIDE TERR 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 1.4 C/TY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE NORBOM, MARY K. 2.2 NAME NAME 829 LAKESIDE TERR 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change __ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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 attachment with an address, with all other like empowered. Block 12 or Block 13 if changed, or on an

SIGNATURE:

CITY-ST-ZIP

CR2E034-(41/98)