

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V62435** (5)

1. Corporation Name

DATA INSIGHTS, INC.



Principal Place of Business

**1551 FORUM PLACE
SUITE 500-A
W. PALM BCH. FL 33401
US**

Mailing Address

**1551 FORUM PLACE
SUITE 500-A
W. PALM BCH. FL 33401
US**

3. Date Incorporated or Qualified

09/09/1992

3a. Date of Last Report

02/10/1995

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

4. FEI Number

65-0356298

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

**NEWMAN, HOWARD P.
8549 NASHUA DR.
PALM BEACH GARDENS FL**

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 607.0117 and 607.1504, 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 607.0117, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as above)

Signature of New Registered Agent (if not the same as above)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
P LANDIS, JACK
2. STREET ADDRESS
1675 PALM BEACH LAKES BLVD
3. CITY, ST, ZIP
WEST PALM BEACH FL 33401
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, ST, ZIP
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. NAME
26. STREET ADDRESS
27. CITY, ST, ZIP
28. NAME
29. STREET ADDRESS
30. CITY, ST, ZIP

☐ DELETE

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 change is, or on an attached sheet with an address.

SIGNATURE:

Jack Landis
JACK LANDIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

(407) 683-7710

CR2E034 (12/95)