


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # V73371 | | | | | |
| 1. Corporation Name FIELD DATA SYSTEMS, INC. | | | | | |

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| Principal Place of Business 5351 SNAPPFINGER WOODS DRIVE DECATUR GA 30035 US | Mailing Address 5351 SNAPPFINGER WOOD DRIVE DECATUR GA 30035 US |
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| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

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| 9. Name and Address of Current Registered Agent MILLER, ALISON W. 2200 MUSEUM TOWER 150 W. FLAGLER ST. MIAMI FL 33130 | |
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| 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 607.0508, Florida Statutes. | |
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SIGNATURE _____ DATE _____

| | |
|----------------------------|--------------------|
| 12. OFFICERS AND DIRECTORS | |
| TITLE | 1.1 TITLE |
| NAME | 1.2 NAME |
| STREET ADDRESS | 1.3 STREET ADDRESS |
| CITY-STATE-ZIP | 1.4 CITY-STATE-ZIP |
| TITLE | 2.1 TITLE |
| NAME | 2.2 NAME |
| STREET ADDRESS | 2.3 STREET ADDRESS |
| CITY-STATE-ZIP | 2.4 CITY-STATE-ZIP |
| TITLE | 3.1 TITLE |
| NAME | 3.2 NAME |
| STREET ADDRESS | 3.3 STREET ADDRESS |
| CITY-STATE-ZIP | 3.4 CITY-STATE-ZIP |
| TITLE | 4.1 TITLE |
| NAME | 4.2 NAME |
| STREET ADDRESS | 4.3 STREET ADDRESS |
| CITY-STATE-ZIP | 4.4 CITY-STATE-ZIP |
| TITLE | 5.1 TITLE |
| NAME | 5.2 NAME |
| STREET ADDRESS | 5.3 STREET ADDRESS |
| CITY-STATE-ZIP | 5.4 CITY-STATE-ZIP |

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| 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 registered agent or a person 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 amendment to an address. | |
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| SIGNATURE: _____ | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 Nov 1 AM 11:01

REINSTATEMENT 99

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| 3. Date Incorporated or Qualified 10/22/1992 | |
| 4. FEI Number 58-2018581 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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 |

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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 100003032651--5 | |
| -11/02/99--01074--022 | |
| ***750.00 | |
| ***750.00 | |
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| 10/13/99 | |
| 770-593-9437 | |