

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000001094 (2)
 1. Corporation Name
ACCUDATA MARKET RESEARCH, INC.



Principal Place of Business: **1036 OAKHAVEN RD. MEMPHIS TN 38119**
 Mailing Address: **1036 OAKHAVEN RD. MEMPHIS TN 38119**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **03/01/1993** 3a. Date of Last Report: **07/03/1995**
 4. FEI Number: **62-1401061** 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
BAUGHAN, SCOTT MASON
1920 MICHIGAN AVE.
BLDG. C
COCOA FL 32922

10. Name and Address of New Registered Agent
81 Name: **Johnston & Bassey**
82 Street Address (P.O. Box Number is Not Acceptable): **1290 Federal Hwy**
83 City: **ROCKLEDGE** **84** State: **FL** **85** Zip Code: **32956**

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: DATE: **6/18/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, CHRISTOPHER J	1.2 NAME	
STREET ADDRESS	1036 OAKHAVEN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38119	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVCP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, ELIZABETH M.A.	2.2 NAME	
STREET ADDRESS	1036 OAKHAVEN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38119	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUGHAN, VICTORIA J	3.2 NAME	
STREET ADDRESS	1970 MICHIGAN AVE., BLDG. C	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****225.00**

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: **CHRISTOPHER J BERRY** **5/29/96** **901-763-0405**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CO. SEC.**

CR2E034 (12/95)

5/17/96