## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F95000005868 (3) DOCUMENT #

DATATREND TECHNOLOGIES, INC.

## **FILED** May 11 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |   |
|---|---|
| Principal Place of Business Mailing Address   | 801                                     |
| 11535 K-TEL DRIVE 11535 K-TEL DRIVE   |   |
| MINNETONKA MN 55343 MINNETONKA MN 55343   | TE IN THIS SPACE                        |
| 3. Date Incorporated or Qualifier   |   |
| 12/04/1995  |   |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number  | Applied For                             |
| 26 41-1648427 Suite, Apt. #, etc.   | Not Applicable                          |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  | \$8.75 Additional Fee Regulred          |
| City & State City & State 5. Election Campaign Financing  |   |
| 23 Trust Fund Contribution  | Added to Fees                           |
| Zip Country Zip Country 8. This corporation owes or has   | . 1                                     |
| 24 25 29 30 Personal Property Tax due Ju  9. Name and Address of Current Registered Agent 10. Name and Address of New   |   |
| 04) Nov. 1 ( )  |   |
| valore, Mark L.   |   |
| SARASOTA FL 34239  82 Street Address (P.O. Box Number is Not Accep  | lable)                                  |
| 83  |   |
| 84 City (**)  | 85 Zip Code                             |
| Sara sota   | FL   34242                              |
| 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 agolit, 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 Mark Walders (NOIL Registered Agent signature readined when reinstaing)  OATE  OATE   |   |
|   | FICERS AND DIRECTORS IN 12              |
| TITLE PSDC DELETE 1.1 TITLE   | Change Addition                         |
| NAME WALDREP, MARK L 1.2 NAME   |   |
| STREET ADDRESS 1380 HARBOR DRIVE 1.3 STREET ADDRESS 1515 Ringling Boulevard, 500 SARASOTA FL 1.4 CITY-ST-ZIP SARASOTA, FL 37236   | it 590                                  |
| 0.5.554   | Change Addition                         |
| LIODATE ROYALL  | Cuaribe E vancou                        |
|   | ile can                                 |
| STREET ADDRESS 11535 K-TEL DRIVE 23 STREET ADDRESS 1515 Ringling Dowlevard, 50 CITY-ST-ZIP MINNETONKA MN 24 CITY-ST-ZIP Sargsota, FL 34236  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| TITLE DELETE 3.1 TITLE  | Change Addition                         |
| NAME 3.2 NAME   | [                                       |
| STREET ADDRESS 3.3 STREET ADDRESS   |   |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP  |   |
| TITLE L. DELETE 4.1 TITLE   | Change L Addition                       |
| NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS  |   |
|   |   |
| CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE  | Change Addition                         |
| NAME 5.2 NAME   |   |
| STREET ADDRESS 5.3 STREET ADDRESS   |   |
| CITY-ST-ZIP 5.4 CITY-S1-ZIP   |   |
| TITLE DELETE 6.1 TITLE  | Change Addition                         |
| NAME 6.2 NAME   |   |
| STREET ADDRESS 6.3 STREET ADDRESS   |   |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing cloes 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 Block 12 or Block 13 if changed, or on an attachment with an address.

4/20/48

617-031-1707