

**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 # **P03591** (5)

1. Corporation Name  
**INTER-AMERICA DATA, INC.**



Principal Place of Business: P.O. BOX 1284 LAWRENCEVILLE GA 30246  
Mailing Address: P.O. BOX 1284 LAWRENCEVILLE GA 30246

3. Date Incorporated or Qualified <b>10/04/1984</b>	3a. Date of Last Report <b>03/21/1995</b>
4. FEI Number <b>58-1430751</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>MORAN, JOHN 405 SW 10 PLACE VERO BEACH FL 32962</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0900 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	MILLER, STEPHEN M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
RT. 1, BOX 5381	AUBURN GA	13. STREET ADDRESS	4405 Clack Rd.
VTD	MORAN, JOHN R.	14. CITY-STATE-ZIP	Auburn, GA 30203
405 SW 10 PLACE	VERO BEACH FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	MILLER, BONNIE C.	22. NAME	
RT. 1, BOX 5381	AUBURN GA	23. STREET ADDRESS	4405 Clack Rd.
		24. CITY-STATE-ZIP	Auburn, GA 30203
		3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		32. NAME	
		33. STREET ADDRESS	4405 Clack Rd.
		34. CITY-STATE-ZIP	Auburn, GA 30203
		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	
		43. STREET ADDRESS	
		44. CITY-STATE-ZIP	
		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY-STATE-ZIP	
		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 a duly authorized 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 omitted from the current year's address.

SIGNATURE: *[Signature]* DATE: **FEB 12, 1996**

CR2E034 (12/95)