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**APPROVED
AND
FILED**

95 MAY - 1 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mulvaney
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000012040 (0)**
1. Corporation Name
DATA.TXT CORPORATION

Principal Place of Business: **12220 ROCK GARDEN LANE MIAMI FL 33156**
Mailing Address: **6800 SW 40TH ST #501 MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21
State, Apt. #, etc: 22
City & State: 23
County: 24
City: 25
County: 26
City & State: 27
City & State: 28
County: 29

3. Date Incorporated & Qualified: **02/17/1993**
3a. Date of Last Report: **08/24/1994**
4. FEI Number: **65-0392428**
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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MERMELL, DAVID
1450 MADRUGA AVE
SUITE 305
CORAL GABLES FL 33146**

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 607.0602 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 only 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D GIEBLER, KAREN B	12.2 STREET ADDRESS: 12220 ROCK GARDEN LANE	13.1 NAME: BUTLER, KAREN GIEBLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY & STATE: MIAMI FL 33156	12.4 CITY & STATE:	13.2 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 COUNTY:	12.6 COUNTY:	13.3 CITY & STATE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 NAME:	13.4 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 STREET ADDRESS:	12.10 STREET ADDRESS:	13.5 CITY & STATE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 CITY & STATE:	12.12 CITY & STATE:	13.6 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 COUNTY:	12.14 COUNTY:	13.7 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME:	12.16 NAME:	13.8 CITY & STATE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS:	12.18 STREET ADDRESS:	13.9 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 CITY & STATE:	12.20 CITY & STATE:	13.10 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 COUNTY:	12.22 COUNTY:	13.11 CITY & STATE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and equally for the organizations stated in Sections 119.07(1)(b), 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 liquidator empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or 13.8 changed, or on an attachment with an address.

SIGNATURE: *Karen Giebler Butler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **KAREN GIEBLER BUTLER**
DATE: **4/30/95** TEL: **1-800-328-2898**