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PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # F92000000766 (7)

1. Corporation Name

**DATA RESOURCE GROUP, INC. (A DELAWARE CORPORATIO
N)**



Principal Place of Business

**2101 CORPORATE BLVD
STE 318
BOCA RATON FL 33431
US**

Mailing Address

**2101 CORPORATE BLVD
STE 318
BOCA RATON FL 33431
US**

2. Principal Place of Business

21 1051 S. Rogers Circle

Suite, Apt. #, etc.

23 Boca Raton, FL

City & State

24 33487

Country

2a. Mailing Address

26 1051 S. Rogers Circle

Suite, Apt. #, etc.

28 Boca Raton, FL

City & State

29 33487

Country

9. Name and Address of Current Registered Agent

**ROSS, DEBRA A
2101 CORPORATE BLVD
STE 318
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1051 S. Rogers Circle

83

84 City **Boca Raton**

FL

85 Zip Code **33487**

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 is 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 607.0603, Florida Statutes.

SIGNATURE

Debra A. Ross X *Debra A. Ross*

Date

4/11/96

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	ROSS, STEVEN J	
STREET ADDRESS	366 NW 5TH LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPVC	<input type="checkbox"/> DELETE
NAME	ROSS, DEBRA A	
STREET ADDRESS	366 NW 35TH LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra A. Ross

4/11/96 (407)998-7667

CR2E034 (12/95)