

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90015 018 ***550.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000005826**

1. Corporation Name
DATA SYSTEMS NETWORK CORPORATION



Principal Place of Business
**34705 WEST TWELVE MILE ROAD
 SUITE 300
 FARMINGTON HILLS MI 48331**

Mailing Address
**34705 WEST TWELVE MILE ROAD
 SUITE 300
 FARMINGTON HILLS MI 48331**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1996

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

4. FEI Number
38-2649874

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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 607.0502 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 Michael Jansen DATE 7/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUSA, JERRY A	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LYCHOS, JOHN	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRIEVES, DIANE L	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GRIEVES, MICHAEL W	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASPATORE, WALTER J	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BURKHART, RICHARD A	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Jansen	
1.3 STREET ADDRESS	34705 West Twelve Mile Road, Suite 300	
1.4 CITY-ST-ZIP	Farmington Hills, Michigan 48331	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does 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.

SIGNATURE: Michael Jansen DATE 7/14/99 248-489-8700

CR2E034 (5/99)