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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 FEB 25 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001823 (0)

1. Corporation Name

Datacom Computer Services, Inc.

Principal Place of Business
100 Riverside Avenue
Jacksonville, FL 32202

Mailing Address
100 Riverside Avenue
Jacksonville, FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4/9/97

4. FEI Number
36-4147404
[ ] 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 Tax [ ] Yes [ ] No

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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 607.0502 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Required if applicable.) DATE

12. OFFICERS AND DIRECTORS

TITLE PDST
NAME Johnson, David W.
STREET ADDRESS 100 Riverside Avenue
CITY-ST-ZIP Jacksonville, FL 32202
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Add

100002792041--8
-03/02/99--01030--023
****150.00 ****150.00

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: David W. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR