


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 01 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18472 (1)
 1. Corporation Name
UNIBASE DATA ENTRY, INC.



Principal Place of Business 510 WEST PARKLAND DRIVE SANDY UT 84070	Mailing Address 2828 N. HASKELL 10TH FLOOR DALLAS TX 75204
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/18/1988	3a. Date of Last Report 10/03/1996
4. FEI Number 87-0430896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1280 SO PINE ISLAND ROAD
 PLANTATION, FL 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RICH, JEFFREY A	
STREET ADDRESS	2828 N. HASKELL AVENUE	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLODGETT, LYNN	
STREET ADDRESS	510 W. PARKLAND DRIVE	
CITY-ST-ZIP	SANDY UT 84070	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BLODGETT, THOMAS	
STREET ADDRESS	510 W. PARKLAND DRIVE	
CITY-ST-ZIP	SANDY UT 84070	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLACK, DAVID W	
STREET ADDRESS	2828 N. HASKELL AVENUE	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VINEYARD, NANCY	
STREET ADDRESS	2828 N. HASKELL AVENUE	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERS, MARK D	
STREET ADDRESS	2828 N. HASKELL AVENUE	
CITY-ST-ZIP	DALLAS TX 75204	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do 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: _____
 SIGNATURE REQUIRED: Secretary 7/1/97 2:14 PM 10/15/97

CP2E034 (4/97)