

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # V13416 (5)
 1. Corporation Name
 DATAFORCE INTERNATIONAL, INC.



Principal Place of Business: 3507 FRONTAGE RD. STE 120 TAMPA FL 33607 US
 Mailing Address: 3507 FRONTAGE RD. STE 120 TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 02/10/1992
 4. FEI Number: 59-3104231
 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 or has paid the current year intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
 BARAN, GA J.
 255 114TH ST N-
 SUITE 6
 ST PETERSBURG FL 33617

10. Name and Address of New Registered Agent
 81 Name: GARY J. BARAN
 82 Street Address (P.O. Box Number is Not Acceptable): 4814 KNIGHTS LOOP
 84 City: PLANT CITY FL 85 Zip Code: 33565

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BARAN, GARY J	
STREET ADDRESS	255 114TH ST N, #6	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CARRUTHENS, ROBERT D	
STREET ADDRESS	3012 BARRETT AVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SECRET	<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

1.1 TITLE	TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VIC PRESIDENT	
1.3 STREET ADDRESS	GARY J. BARAN	
1.4 CITY-ST-ZIP	4814 KNIGHTS LOOP PLANT CITY, FL 33565	
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	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WEN TERRANOVA	
3.3 STREET ADDRESS	15316 SPRUCE STREET	
3.4 CITY-ST-ZIP	ODESSA, FL 33556	
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: _____ 9/10/98

CR2E034 (5/98)