

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
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90008 038 ***550.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **V13416**
 1. Corporation Name

DATAFORCE INTERNATIONAL, INC.

599126 - 90008 - 38



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

3. Date Incorporated or Qualified

02/10/1992

4. FEI Number

59-3104231

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

BARAN GARY J
4814 KNIGHTS LOOP
SUITE 6
PLANT CITY FL 33565

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 *GARY BARAN* **GARY BARAN**

DATE **7/31/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **TDVP** DELETE

NAME **BARAN, GARY J**
 STREET ADDRESS **4814 KNIGHTS LOOP**
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **VSD** DELETE

NAME **CARRUTHENS, ROBERT D**
 STREET ADDRESS **3012 BARRETT AVE**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE **PD** DELETE

NAME **TERRANOVA LEN**
 STREET ADDRESS **15316 SPRUCE ST**
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE DELETE

NAME DELETE

TITLE DELETE

NAME DELETE

TITLE DELETE

NAME DELETE

TITLE DELETE

NAME DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4. 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.

CR2E034 (5/99)