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PROFIT CORPORATION ANNUAL REPORT

1997

DATA FINANCIAL, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 378875

(9)

FILED Apr 29 1997 8:00am Secretary of State



2. Principal Place of Business 28. Mailing Address 4. FET Number Applied For Suite, Apt. #, etc. 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 59-1346874 Not Applied For Not
21 26 59-1346874 Not Applicate Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5, Cortilicate of Status Desired Fee Required City & State City & State 28 6, Election Campaign Financing Trust Fund Contribution Added to Fees
Suite, Apt. #, etc. 22 City & State City & State 28 Suite, Apt. #, clc. 5, Cortilicate of Status Desired Fee Required Fee Required Fee Required Fee Required Trust Fund Contribution Added to Fees
275. Cortificate of Status DesiredFee RequiredCity & StateCity & State6. Election Campaign Financing Trust Fund Contribution\$5.00 May Be28Trust Fund ContributionAdded to Fees
23 Trust Fund Contribution Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032
24 25 29 30 Florida Statutes Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ACKSON EDED C
JACKSON, FRED C. 1300 RIVERPLACE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 408
UNONOUTVILLE I L 0020?
84 City FL 85 Zip Code
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. Fam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed range of registered agent and to Cit applicable. (NOTC Registered Agent & gnotton, required when remistating) DATE
TITLE PDT DELETE 1.1 TITLE CHAIRMAN Change Add
NAME JACKSON, FRED C. JR 12 NAME
STREET ADDRESS 1300 RIVERPLACE BLVD, SUITE 408 1.3 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 1.4 CITY-ST-ZIP
TITLE V DELETE 2.1 TITLE PRESIDENT & COO X Change Add
NAME CLEMENTS, EDWIN O. 22 NAME
STREET ADDRESS 1300 RIVERPLACE BLVD, SUITE 408 23 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 2 4 CITY-S1-ZIP
TITLE V DELETE 31THLE SR. V. P. & CMO X Change Add
NAME BROOKS, FAISON, T. ,
STREET ADDRESS 1300 RIVERPLACE BLVD, SUITE 408 3.3 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 3.4. CITY-ST-ZIP TITLE V DELETE 4.1 TITLE Change Add
NAME DESORBO, STEPHEN 4.2 NAME
STREET ADDRESS 1300 RIVERPLACE BLVD, SUITE 408 4.3 SIRIEH ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 444 CITY-S1-ZIP
TITLE V DELETE 5.1 TOLE V. P. & CFO
NAME WILLIAM VOGEL 5.2 NAME
STREET ADDRESS 1300 RIVERPLACE BLVD., SUITE 408 5.3 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 6.4 CITY-ST-ZIP
TITLE DELETI. 6.1 TITLE Change Add
NAME 6.2 NAMI
STREET ADDRESS 63 STREET ADDRESS
CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 154 Life hereby certify that the information supplied with this filling does not qualify for the execution stated in Section 119 07(3)(i). Florida Statutes Literther certify that the

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is unual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the conformation 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 12 or Block or on a pallochment with an address.

SIGNATURE:

Melenen