

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 378875 (9)

1. Corporation Name
DATA FINANCIAL, INC.



Principal Place of Business 1300 RIVERPLACE BLVD. SUITE 408 JACKSONVILLE FL 32207 US	Mailing Address 1300 RIVERPLACE BLVD. SUITE 408 JACKSONVILLE FL 32207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 Century 21 Drive Suite, Apt. #, etc. 22 Suite 210 City & State 23 Zip 24 32216	2a. Mailing Address 26 101 Century 21 Drive Suite, Apt. #, etc. 27 Suite 210 City & State 28 Zip 29 32216
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3. Date Incorporated or Qualified 03/16/1971	4. FEI Number 59-1346874	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

**JACKSON, FRED C.
 1300 RIVERPLACE BLVD.
 SUITE 408
 JACKSONVILLE FL 33207**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	101 CENTURY 21 DRIVE
83	Suite 210
84 City	FL
85 Zip Code	32216

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 registrant, agent or trustee, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	JACKSON, FRED C. JR	
STREET ADDRESS	1300 RIVERPLACE BLVD, SUITE 408	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	CLEMENTS, EDWIN O.	
STREET ADDRESS	1300 RIVERPLACE BLVD, SUITE 408	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	BROOKS, FAISON, T.	
STREET ADDRESS	1300 RIVERPLACE BLVD, SUITE 408	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DESORBO, STEPHEN	
STREET ADDRESS	1300 RIVERPLACE BLVD, SUITE 408	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	WILLIAM VOGEL	
STREET ADDRESS	1300 RIVERPLACE BLVD., SUITE 408	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	101 Century 21 Drive, Suite 210
1.4 CITY-ST-ZIP	Jacksonville FL 32216
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	101 Century 21 Drive, Suite 210
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	101 CENTURY 21 DRIVE, Suite 210
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	101 Century 21 Drive, Suite 210
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	101 Century 21 Drive, Suite 210
5.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
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:  DATE: **5/1/98** **901-771-8111**

CR2E034 (10/97)