FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J56030** **(6)**

1. Corporate Name
DATASEC, INC.

Principal Place of Business
% MARIANNE DIETZEL
400 EAGLE CIRCLE
CASSELBERRY FL 32707

Mailing Address
% MARIANNE DIETZEL
400 EAGLE CIRCLE
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/10/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
ZIP 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
ZIP 29 County 30

4. FEI Number: **59-2764791** 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. Does corporation conform to definition of "small business" in Section 288.703, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

DIETZEL, MARIANNE
400 EAGLE CIRCLE
CASSELBERRY FL 32707

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 Registered Agent Section 607.0501, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DIETZEL, MARIANNE
STREET ADDRESS	400 EAGLE CIR
CITY, ST, ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurately reproduced and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that if information is added to the annual report or supplemental annual report, it has not been determined by the recipient of the report that the inclusion of the information would violate the law, rule or regulation governing the recipient of the report or that the inclusion of the information would violate the right of privacy of the individual to whom the information pertains. I understand that the information contained in Block 12 or Block 13 is subject to verification and may be returned if improperly completed or signature is not affixed.

SIGNATURE: Marianne Dietzel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 407-645-4624
DATE TELEPHONE

0037305 CP