FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation N		25	(8)						
DATAFLOW CONSULTANTS, INC.						I IBAHAN BAR HILL BINEK HAIG MLAN AND KIRI BIRI KIRI BIRI BIRI BIRI BIRI BIRI			
Principal Place of Business Mailing A			Address			1 120/12/1/ 300 1/10/ 81/81 1/2/		PP1 @1@11 @11	831 B1B4) B1B11 18Q1
12349 GATELY OAKS LANE WEST 12349 GATELY JACKSONVILLE FL 32225 JACKSONVILLE				VEST			•		
						3. Date Incorporated or Qualified 12/11/1989	3a. Date (of Last Re 2/27/1	
2. Principal Place of Business 2a.			Mailing Address			4. FEI Number 65-0163666	Applied For		
			Suite, Apt. #, etc.				\$8.75 Additional		
27						5. Certificate of Status Desired		•	Required
City & State		City & Sta	City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 24	Country 29		?rp Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Mr No			
	9. Name and Address of Curre			T		10. Name and Address of New R		gent	
		The Parameter Print of the column		81	Name				
MITCHELL, FRANK C., JR. 12349 GATELY OAKS LN WEST JACKSONVILLE FL 32225					Street Addre	ress (P.O. Box Number is Not Acceptable)			
				83					
			84					85 Zip	Code
11. Pursuant to t	the provisions of Sections 607.050	02 and 607 1508. Fin	rida Statutes, the ah	OVE	amed corpora	ation submits this statement for the pur	FL nose of char	ging ite r	agistared office
OF TOUISIERED	agent, or both, in the State of Flo and accept the obligations of, Sec	nua. Such change w	as aumonzed by the	corp	oration's board	d of directors. I hereby accept the appr	pintment as r	gistered	agent. I am
SIGNATURE	_								
(a) 12.	nature. Işsəst bi siri tedinən e of registered age	of and too if applicable VD DIRECTORS	(NOTE Registers		nt signature required		DATE	NDEATA	DO IN 46
T-TILE	D			TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	MITCHELL, FRANK C JR			NAME				Change	La
STREET ADDRESS	12349 GATELY OAKS LAI	NE. W.			ADDRESS				
City - St - ZiP	JACKSONVILLE FL	,		CITY-S					
THUE				TITLE				Change	Addition
NAME			221	NAME			_		
STREET ADDRESS			235	STAEET	ADDRESS				Ì
Cify-St-ZiF			241	OITY-S	T-ZIP				1
THE			DELETE 3 1	TITLE				Change	☐ Addition
NAMI			321	IAME					
STREET ADDRESS			33	STREET	ADDRESS				i
CITY ST-ZIP				CITY-S	T - ZIP		F-10	-	
1		[_] r		TITLE				Change	☐ Addition
NAME STREET ADDRESS				AME	1000000				
City - St - 7/2					ADORESS				
THUE			F. F. F. F.	XITY - S TITLE	1-214			Change	Addition
NAME				IAME			لسا	- ··u··g·	
STREET ADDRESS					ADDRESS				
CHY-S1 ZIF				HY-S					
100	* ***			TITLE				Change	Addition
NAMS			621	IAME					
STREET ADDRESS			635	TAELT	ADDRESS				
City-St ZiP				ITY-S					
14. I do hereby or	ertify that the information supplied	with this filing is volu	intarily furnished and	does	s not qualify for	r the exemption stated in Section 119.	07(3)(k), Florid	la Statute	as. I further

14. To hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ii), 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 earn, 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

Degrane Price #