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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M13521 1. Corporation Name

DATAMAN GROUP INC.

Principal Place of Business Mailing Address C/O DALE FILHABER

C/O DALE FILHABER 22594 LEMON TREE LANE

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90018 004 ***150.00



22594 LEMON TREE LANE 22594 LEMON TREE LANE BOCA RATON FL 33428 BOCA RATON FL 33428				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
2 Principal	Place of Business	O. Mallin Adding			04/03/1985		
24	, add of Business	2a. Mailing Address	⊢ •		4. FEI-Number	17	Applied For
Suite, Apt	# etc	26 Suite A-A # -4			59-2482825		Not Applicable
22	- π, οι . .	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
City & Sta	to	27			5. Surfficate of Status Desired		Required
¬ '		City & State			6. Election Campaign Financing	\$5.00	May Be
Zip		28			Trust Fund Contribution		to Fees
	Country	Zîp	Country		8. This corporation owes the current year I	ntangible	
4	25	29	30		Personal Property Tax. Yes No		
	9. Name and Address of Curre	nt Registered Agent		 _	10. Name and Address of New Registere	d Agent	
FILE	łaber, dale		81	l Name	*	-	
	94 LEMON TREE LANE		82 Street Add		Ideana (D.O. Bay Niverbasia Nat.		
			"	Sileel A	ddress (P.O. Box Number is Not Acceptable)		
BUC	CA RATON FL 33428		83		· · · · · · · · · · · · · · · · · · ·		
			L				
			84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	E the phov	o pomed se	proporation submits this statement for the purpose of	- 1	
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corpora	rporation submits this statement for the purpose of attoms board of directors. I hereby accept the apport	of changing its	registered
	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	3.	, a second of the depth of the	midnelli də iç	,gistereu
SIGNATURE	Signature broad or printed come of according						
OFFICERS AND DIRECTORS				nt signature requ	uired when reinstating) DATE		
TLE	PTD DELETE		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
IAME !	FILHABER, DALE	□ beleie	1.1 TITLE		•	Change	Addition
			1.2 NAME		•		
TREET ADDRESS	22594 LEMON TREE LANE		1.3 STREE	T ADDRESS			{
ITY-ST-ZIP	BOCA RATON FL 14C		1.4 CITY-S	T-ZIP			
ITLE	FILHABER, EDWARD L. s 22594 LEMON TREE LANE BOCA PATON EL		2.1 TITLE	-	,	Change	Addition
AME į			2.2 NAME		•	<u> </u>	
TREET ADDRESS			2.3 STREET	ADDRESS	•		
ITY-ST-ZIP			2.4 CITY-S]
TLE		☐ DELETE	3.1 TITLE	1-21		* 🗆 🖰	
AME			3.2 NAME]	•	` ☐ Change	Addition
TREET ADDRESS							
TY-ST-ZIP			3.3 STREET	- 1	•		
TLE				T-ZIP			
ME	DELETE		4.1 TITLE			Change	Addition
i			4. 2 NAME				. [
REET ADDRESS			4.3 STREET	ADDRESS	,		ĺ
TY-ST-ZIP			4.4 CITY-ST	-ZIP			ļ
TLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
ME			5.2 NAME			. •	_
REET ADDRESS		i	5.3 STREET.	ADDRESS	•		
TY-ST-ZIP			5.4 CITY-ST	-ZIP			
LE		☐ DELETE	6.1 TITLE			Change	- Addition
ME			6.2 NAME		•		Addition
REET ADDRESS			6.3 STREET	ANDRESS I]
Y-ST-ZiP			6.4 CITY-ST-		•		}
			V-4 OUT 1-21-	4.11			I

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, with all other like empowered.

president