

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

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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000079563 (1)

1. Corporation Name
DATA FORCE COMPUTING, INC.

Principal Place of Business
8350 NW 52ND TERR.
205
MIAMI FL 33166
US

Mailing Address
8350 NW 52ND TERR.
205
MIAMI FL 33166-7707
US



3. Date Incorporated or Qualified 11/12/1993	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0452588	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent TETLOW, R. 8350 NW 52ND TERR. SUITE 205 MIAMI FL 33166	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETLOW, RAY	1.2 NAME	
STREET ADDRESS	10025 NW 48TH ST., #301	1.3 STREET ADDRESS	5878 NW 111TH AVE DORAL FL 33178
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHAD, SIMON	2.2 NAME	
STREET ADDRESS	9755 NW 52ND STREET - 106	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, STEVEN	3.2 NAME	
STREET ADDRESS	5454 NW 94TH AVE - DORAL PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	3.4 CITY-ST-ZIP	
TITLE	CS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETLOW, CAROL	4.2 NAME	
STREET ADDRESS	10025 NW 48TH ST. APT 301	4.3 STREET ADDRESS	5878 NW 111TH AVE DORAL FL 33178
CITY-ST-ZIP	MIAMI FL 33178	4.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURQUIGRON, JOHN	5.2 NAME	
STREET ADDRESS	7601 EAST TREASURE DRIVE APT. 1917	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BAYVILLE FL 33141	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: _____ 4/23/97 305471 0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E04 (9/96)