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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 18 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079563 (1)

DATA FORCE COMPUTING, INC.

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Principal Place of Business Mailing Address																			
	8350 NW 52N	v 52ND Terr.	TERR.																
205					205						DO NOT WRITE IN THIS SPACE								
	Miami FL 331 Us	66			MIAMI FL 33166 US					3. Date Incorporated or Qualified									
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21	Sulte, Apt. #, etc.				Suite, Apt. #, etc.							00	<u>U402000</u>	·				Addition	
	22				27						6.	Certific	ate of Stati	us Desirec	t			DerlupeF	
22	City & State				City & State						-	Flection	n Campaig	n Financir				D May B	
23					28						"		und Contril		.9		•	d to Fees	
23	Zip Country				- 			Country			R				ae nair	the cur			
24		25			29 30			,			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No								
-	9. Name and Address of Current				. <u></u>								10. Name and Address of New Registered Agent						
								81	Na	ame									
		TLOW, R.	UD TEDD													· · · · ·			
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1		ITE 205	100					83											
	MIA	AMI FL 331	166																
								B4	Ci	ty			•			FL	85 Zij	Code	
H	1 Durament t	lo the provis	sions of Sections	e 607 0502 an	d 607 150	B. Florida Stati	ites the	above	-na	med corp	oratio	n submi	its this state	ement for	the pu		changing	its reals	tered
'	office or re	egi ste red ac	gent, or both, in	zed by	the	corporati	ion's t	board of	directors.	l hereby a	accept	the app	ointment a	s registe	ered				
11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																			
s	SIGNATURE Signature, typed or printed name of registered agrint and title if applicable (NOTE: Registere										ed wher	n reinstation	1			DATE			
12. OFFICERS AND DIRECTORS								13.					NS/CHAN	GES TO C	OFFICE		DIRECTO	DRS IN 1	20
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NAME FURQUERON, JOHN							5.2 NAME												
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N.	AME						1	2 NAME											
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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 suppliemental 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 trusted in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corpo