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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000086704 (0)

1. Corporation Name

DATA SERVICES GROUP, INC.



Principal Place of Business

1843 JUANITA COURT
CLEARWATER FL 34624

Mailing Address

1843 JUANITA COURT
CLEARWATER FL 34624-0619

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1843 JUANITA COURT

Suite, Apt. #, etc.

22 City & State

23 CLEARWATER, FLORIDA

Zip Country

24 33758

25

2a. Mailing Address

26 1843 JUANITA COURT

Suite, Apt. #, etc.

27 City & State

28 CLEARWATER, FLORIDA

Zip Country

29 33758

30

4. FEI Number

59-3345608

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT C III
33920 U.S. 19 NORTH, SUITE 200
PALM HARBOR FL 34684

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VANPORTFLIET, ERIC J
STREET ADDRESS 1843 JUANITA COURT
CITY-ST-ZIP CLEARWATER FL

TITLE V
NAME HALE, CRAIG C
STREET ADDRESS 17902 SIMMS ROAD
CITY-ST-ZIP ODESSA FL

TITLE ST
NAME ENWBERRY, SUSAN M
STREET ADDRESS 1843 JUANITA COURT
CITY-ST-ZIP CLEARWATER FL

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 IN 12

1.1 TITLE P/D/T
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V/S
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

Date

813-536-6422

Daytime Phone #

CR2E034 (9/96)