

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000060451 (7)

1. Corporation Name
DATA-NET TECHNOLOGY, INC.



Principal Place of Business 230008 SANDALFOOT PLAZA DRIVE BOCA RATON FL 33428	Mailing Address 230008 SANDALFOOT PLAZA DRIVE BOCA RATON FL 33428-6654
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3. Date Incorporated or Qualified 07/10/1996	3a. Date of Last Report NONE
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2. Principal Place of Business 21 6750 EAST ROBERTS CIR Suite, Apt. #, etc. 22 NONE City & State 23 BOCA RATON FL Zip 24 33487	2a. Mailing Address 26 6750 EAST ROBERTS CIR Suite, Apt. #, etc. 27 NONE City & State 28 BOCA RATON FL Zip 29 33487	4. FEI Number 65-068 0810 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
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9. Name and Address of Current Registered Agent

CAMPOLO, PATRICK R
230008 SANDALFOOT PLAZA DRIVE 6750 E. Roberts Cir
BOCA RATON FL 33428 33487

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D	DELETE
NAME	CAMPOLO, PATRICK R	
STREET ADDRESS	2831 NW 49TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	DELETE
NAME	FORBES, CHARLES	
STREET ADDRESS	5113 NW 59TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	DELETE
NAME	PURPURA, PHILIP P	
STREET ADDRESS	4570 NW 18TH AVENUE APT. 205	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
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

Date

Daytime Phone #

CP2E034 (9/96)