

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

FILED  
Aug 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000098018 (0)**

1. Corporation Name  
**DATA FUSION, INC.**

Principal Place of Business  
**POST OFFICE BOX 11044  
DAYTONA BEACH FL 32120-1044**

Mailing Address  
**POST OFFICE BOX 11044  
DAYTONA BEACH FL 32120-1044**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1990 LUDLOW BLVD.</b> Suite, Apt. #, etc		2a. Mailing Address 26 <b>P.O. Box 11044</b> Suite, Apt. #, etc		3. Date Incorporated or Qualified <b>01/03/1997</b>	
22 City & State 23 <b>DAYTON</b> 24 Zip <b>32124-6601</b> 25 Country <b>USA</b>		27 City & State 28 <b>DAYTONA BEACH</b> 29 Zip <b>32124-6601</b> 30 Country <b>USA</b>		4. FEI Number <b>59-3416317</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MURRAY, BRUCE  
1990 LUDLOW BOULEVARD  
DAYTONA BEACH FL 32124-6601**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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]* **BRUCE MURRAY, PRESIDENT**

**7/12/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KATHY MURRAY</b>	1.2 NAME	<b>BRUCE MURRAY</b>
STREET ADDRESS	<b>1990 LUDLOW BLVD.</b>	1.3 STREET ADDRESS	<b>1990 LUDLOW BLVD.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32124-6601</b>	1.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32124-6601</b>
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRUCE MURRAY</b>	2.2 NAME	<b>KATHY MURRAY</b>
STREET ADDRESS	<b>1990 LUDLOW BLVD.</b>	2.3 STREET ADDRESS	<b>1990 LUDLOW BLVD.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32124-6601</b>	2.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32124-6601</b>
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>KATHY MURRAY</b>	3.2 NAME	
STREET ADDRESS	<b>1990 LUDLOW BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32124-6601</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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]*

**7/12/98 (000)756-9292**

CR2E034 (10/97)