
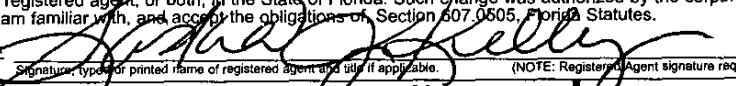


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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000028401			
1. Corporation Name DATA MANAGEMENT, INC.			
Principal Place of Business 250 NE 3RD AVE BOCA RATON FL 33432 US		Mailing Address 250 NE 3RD AVE BOCA RATON FL 33432 US	
2. Principal Place of Business 21 499 NE 33rd ST. Suite, Apt. #, etc. 22 City & State 23 Boca Raton, FL Zip 24 33431 Country 25 USA		2a. Mailing Address 26 499 NE 33rd ST. Suite, Apt. #, etc. 27 City & State 28 Boca Raton FLORIDA Zip 29 33431 Country 30 USA	
9. Name and Address of Current Registered Agent JANSSEN, SASKIA 250 NE 3RD AVE BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name SASKIA J. KELLY 82 Street Address (P.O. Box Number is Not Acceptable) 499 NE 33rd ST 83 84 City Boca Raton FL 85 Zip Code 33431	
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  DATE 4/6/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PVPS NAME JANSSEN, SASKIA STREET ADDRESS 250 NE 3RD AVE CITY-ST-ZIP BOCA RATON FL 33432 [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PVPS 1.2 NAME SASKIA J. KELLY 1.3 STREET ADDRESS 499 NE 33rd ST 1.4 CITY-ST-ZIP BOCA RATON, FL 33431 [ ] Change [ ] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [ ] Change [ ] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [ ] Change [ ] Addition	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)