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0068549

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 11 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000040532**

1. Corporation Name

digital fusion, inc.

Principal Place of Business
404 N. 4 STREET. SUITE 3
JACKSONVILLE FL 32250

Mailing Address
404 N. 4 STREET. SUITE 3
JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/05/1997

4. FEI Number
59-3443845
[ ] 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 owes the current year Intangible Personal Property Tax [✓] Yes [ ] No

2. Principal Place of Business
21 400 N. Ashley Drive
Suite, Apt. #, etc
22 Suite 2600
City & State
23 Tampa, FL
Zip 24 33602 Country 25 USA

2a. Mailing Address
26 400 N. Ashley Drive
Suite, Apt. #, etc
27 Suite 2600
City & State
28 Tampa, FL
Zip 29 33602 Country 30 USA

9. Name and Address of Current Registered Agent

MANDT, MICHAEL E
8535 BAYMEADOWS RD. STE. 3-144
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
83
84 City Plantation FL 85 Zip Code 33324

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 Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 5/11/99
Signature, typed or printed name of registered agent and title if applicable (Typed or printed name of Agent's authorized officer) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	MANDT, MICHAEL E		12 NAME	400D02874724---0
STREET ADDRESS	704 VIOLET PLACE		13 STREET ADDRESS	-05/13/99--01118--006
CITY-ST-ZIP	JACKSONVILLE FL 32259		14 CITY-ST-ZIP	****158.75 ****158.75
TITLE	D	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	HUSAIN, ALI A		22 NAME	
STREET ADDRESS	8787 SOUTHSIDE BLVD. #3512		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		24 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	SEIGMANN, ROBERT		32 NAME	
STREET ADDRESS	12898 WINGED ELM DRIVE NORTH		33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246		34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE D/P	[ ] Change [✓] Addition
NAME			42 NAME SEAN D MANN	
STREET ADDRESS			43 STREET ADDRESS 23 Socana Rd.	
CITY-ST-ZIP			44 CITY-ST-ZIP Ponte Vedra Bch, FL 32082	
TITLE		[ ] DELETE	51 TITLE D	[ ] Change [✓] Addition
NAME			52 NAME Roy E. Crippen III	
STREET ADDRESS			53 STREET ADDRESS 908 Anchorage Road.	
CITY-ST-ZIP			54 CITY-ST-ZIP Tampa, FL 33602	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (11/98)

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: Sean D. Mann SEAN D. MANN 4/29/99 813-226-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number