


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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V25754 (5) 1. Corporation Name DATA MAILERS, INC.			

Principal Place of Business 4800 NW 15TH STREET FT. LAUDERDALE FL 33309	Mailing Address 4800 NW 15TH STREET FT. LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5460 N. ST. Rd 7 Suite, Apt. #, etc. 22 Suite 108 City & State 23 Ft. Lauderdale Zip Country 24 33309 25 USA		2a. Mailing Address 26 5460 N. ST. Rd. 7 Suite, Apt. #, etc. 27 Suite 108 City & State 28 Ft. Lauderdale Zip Country 29 33309 30 USA		3. Date Incorporated or Qualified 03/30/1992	
		4. FEI Number 65-0338712		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 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 LYNCH, WILLIAM 4800 NW 15TH STREET FT. LAUDERDALE FL 33309				10. Name and Address of New Registered Agent 81 Name William Lynch 82 Street Address (P.O. Box Numbers Not Acceptable) 5460 N. ST. Rd. 7 83 Suite 108 84 City Ft. Lauderdale FL 85 Zip Code 33309			
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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  William Lynch Pres 4-27-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, WILLIAM	1.2 NAME	
STREET ADDRESS	4800 N.W. 15TH AVE.	1.3 STREET ADDRESS	5460 N. State Rd 7 Suite 108
CITY-ST-ZIP	FT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, NORA E	2.2 NAME	Nora E. Lynch
STREET ADDRESS	3370 BEAU RIVAGE DR. S-1	2.3 STREET ADDRESS	5215 Eagle Bay Pl.
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	Coconut Creek FL 33073
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  4-27-98 0547309311

CR2E034 (10/97)