


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

FILED

Feb 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 # V60278 (1) 1. Corporation Name DATAMAN PROGRAMERS, INC.					
Principal Place of Business 22 LAKE BEAUTY DR., STE. 101 ORLANDO FL 32806			Mailing Address 22 LAKE BEAUTY DR., STE. 101 ORLANDO FL 32806		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 215 E. Michigan Ave. Suite, Apt. #, etc. 22 City & State 23 ORANGE CITY, FL Zip 24 32763		2a. Mailing Address 25 215 E. Michigan Ave. Suite, Apt. #, etc. 27 City & State 28 ORANGE CITY, FL Zip 29 32763		3. Date Incorporated or Qualified 08/26/1992	
				4. FEI Number 59-3148060	
				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 SAVAGE, BARRY 22 LAKE BEAUTY DR., STE. 101 ORLANDO FL 32806				10. Name and Address of New Registered Agent	
				81 Name SAVAGE, BARRY	
				82 Street Address (P.O. Box Number is Not Acceptable) 215 E. Michigan Ave.	
				83	
				84 City ORANGE CITY FL	
				85 Zip Code 32763	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPST	<input type="checkbox"/> DELETE		1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAVAGE, BARRY			1.2 NAME	SAVAGE, BARRY		
STREET ADDRESS	22 LAKE BEAUTY DR., STE. 101			1.3 STREET ADDRESS	215 E. Michigan Ave		
CITY-ST-ZIP	ORLANDO FL 32806			1.4 CITY-ST-ZIP	ORANGE CITY, FL 32763		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
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 supplementary 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 authorized 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: X [Signature] REQUIRED

X 1/30/98

CR2E034 (10/97)