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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005480 (8)

1. Corporation Name
DATAVISION, INC. (PENNSYLVANIA)

Principal Place of Business
30 INDIAN DRIVE
IVYLAND PA 18974

Mailing Address
30 INDIAN DRIVE
IVYLAND PA 18974-1431



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1994		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 23-2672810		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81. Name HOLTON, ADRIAN		81. Name	
82. Street Address (P.O. Box Number is Not Acceptable) 2637 ENTERPRISE ROAD		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City & State CLEARWATER FL 34623		83. City & State	
84. City		84. City	
85. Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	P/T
NAME	SPEESE, PAUL	1.2 NAME	Speese, Paul
STREET ADDRESS	339 WINDY RUN DR.	1.3 STREET ADDRESS	339 Windy Run Drive
CITY - ST - ZIP	DOYLESTOWN PA 18901	1.4 CITY - ST - ZIP	Doylestown, PA 18901
TITLE	WC	2.1 TITLE	V/S
NAME	O'NEILL, TERRENCE	2.2 NAME	O'Neill, Terrence
STREET ADDRESS	79 DEBORAH STREET	2.3 STREET ADDRESS	79 Deborah Drive
CITY - ST - ZIP	RICHBORO PA 18954	2.4 CITY - ST - ZIP	Richboro, PA 18954
TITLE	S	3.1 TITLE	
NAME	O'NEILL, SUSAN	3.2 NAME	
STREET ADDRESS	79 DEBORAH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	RICHBORO PA 18954	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	SPEESE, BARBARA	4.2 NAME	
STREET ADDRESS	339 WINDY RUN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DOYLESTOWN PA 18901	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97 (215) 396-0308

CR2E034 (9/96)