


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -7 AM 10:54

DOCUMENT # **K34563** (2)

1. Corporation Name  
**DIGITAL MULTIMEDIA POST, INC.**

Principal Place of Business Mailing Address  
**502 N. HUDSON  
ORLANDO FL 32801  
US** **P.O. BOX 1300  
WINDERMERE FL 34786**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/27/1988** 3a. Date of Last Report **01/24/1994**  
4. FEI Number **59-2912291** 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 has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2950 S.E. MONROE** 28 **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **STUART FL** 28  
Zip Country Zip Country  
24 **34997** 25 **MARTIN** 29 30

9. Name and Address of Current Registered Agent  
**KEENE, HAROLD CPA.  
826 JOHN ST.  
ORLANDO FL**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>STORER, MARIE</b>
STREET ADDRESS	<b>2908 SUNBITTERN COURT</b>
CITY - ST - ZIP	<b>WINDERMERE FL</b>
TITLE	<b>D</b>
NAME	<b>STORER, ROBERT M.</b>
STREET ADDRESS	<b>2908 SUNBITTERN COURT</b>
CITY - ST - ZIP	<b>WINDERMERE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1058 HIDDEN RIVER</b>
1.4 CITY - ST - ZIP	<b>PALM CITY FL 34990</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1058 HIDDEN RIVER AVE</b>
2.4 CITY - ST - ZIP	<b>PALM CITY FL 34990</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Mary B. Storer* Date: 4-21-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

407-225-0928  
8877608 CP