

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 27 1998 8:00am  
 Secretary of State

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # M86065 (3)**

1. Corporation Name  
**DIGITAL I/O ASSOCIATES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>C/O BENJAMIN H. HAIRE<br/>         1000 E. ATLANTIC BLVD.. #202<br/>         POMPANO BEACH FL 33060<br/>         US</b> | Mailing Address<br><b>C/O BENJAMIN H. HAIRE<br/>         1000 E. ATLANTIC BLVD.. #202<br/>         POMPANO BEACH FL 33060<br/>         US</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/14/1988**

4. FEI Number  
**65-0063213** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

**HAIRE, BENJAMIN H.  
 6342 N.W. 14TH COURT  
 MARGATE FL 33063**

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 reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                           | DELETED                  |
|----------------------------|---------------------------|--------------------------|
| TITLE                      | <b>DPT</b>                | <input type="checkbox"/> |
| NAME                       | <b>CLARK, EARL R.</b>     |                          |
| STREET ADDRESS             | <b>515 N.E. 4TH ST.</b>   |                          |
| CITY-ST-ZIP                | <b>POMPANO BEACH FL</b>   |                          |
| TITLE                      | <b>DVS</b>                | <input type="checkbox"/> |
| NAME                       | <b>CLARK, GLENDA S.</b>   |                          |
| STREET ADDRESS             | <b>515 N.E. 4TH ST.</b>   |                          |
| CITY-ST-ZIP                | <b>POMPANO BEACH FL</b>   |                          |
| TITLE                      | <b>AS</b>                 | <input type="checkbox"/> |
| NAME                       | <b>HAIRE, BENJAMIN H.</b> |                          |
| STREET ADDRESS             | <b>6342 NW 14 CT.</b>     |                          |
| CITY-ST-ZIP                | <b>MARGATE FL</b>         |                          |
| TITLE                      |                           | <input type="checkbox"/> |
| NAME                       |                           |                          |
| STREET ADDRESS             |                           |                          |
| CITY-ST-ZIP                |                           |                          |
| TITLE                      |                           | <input type="checkbox"/> |
| NAME                       |                           |                          |
| STREET ADDRESS             |                           |                          |
| CITY-ST-ZIP                |                           |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |
| 1.4 CITY-ST-ZIP                                       |  |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |
| 2.4 CITY-ST-ZIP                                       |  |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |
| 3.4 CITY-ST-ZIP                                       |  |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |
| 4.4 CITY-ST-ZIP                                       |  |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |
| 5.4 CITY-ST-ZIP                                       |  |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  |                          |                          |
| 6.3 STREET ADDRESS                                    |  |                          |                          |
| 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: *Earl R. Clark* *Sandra B. Mortham* *954-285-1235*

CR2E034 (5/98)