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

PROFIT CORPORATION ANNUAL REPORT



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

P93000072252 (8) DOCUMENT #

CONVERGENT DIGITAL SYSTEMS, INC.							
Principal Place	of Business	Mailing Address				500 00007 30007 18810 31010 11004 04110 6504 1084	
415 MONTGOMERY ROAD 415 MONTGOMERY ROAD							
SE 105 ALTAMONTE SPRINGS FL 32714 STE 105 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 327							
US US				3. Date incorporated or Qualified 10/08/1993	3a. Date of Last Report 05/01/1995		
- , '		2a. Mailing Address	ldress		4. FEI Number	Applied For	
1 26			1		59-3204763	Not Applicable	
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees	
Zip			Cour	try	8. This corporation has liability for		
24	25	29	30		Florida Statutes X Yes No		
	9. Name and Address of Curre	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	04 Name	10. Name and Address of New F	tegistered Agent	
			,	B1 Name	KONALD E. STARR		
GORZKA, JAMES M 475 MONTGOMERY PL ALTAMONTE SPRINGS FL 32714				32 Street	Aderess (P.O. Box Number is Not Acceptat	ole)	
			-	B3 44	KOARING DRIVE # 13	78	
				780	annous suspense		
				B4 City	MATANAM ADDITION	FL 85 Zip Code 91114	
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Sta	atutes, the abov	e-named co	orporation submits this statement for the pu	roces of changing its registered office	
or registere	d agent, or both, in the Sate of Flor	ida. Such change was auth	orized by the courses	orporation's	board of directors. I hereby accept the app	ointment as registered agent. I am	
_	MINATING	RONALD E. STAR	R. PRES				
SIGNATURE	gnature, typed or stinted June of requirered agen	it and title if applicable.	(NOTE: Registered	kgent signature i	required when reinstating;	DATE	
12.		OFFIČERS AND DIRECTORS 1				ICERS AND DIRECTORS IN 12	
TITLE	STARR, RONALD E 1809 WINGFIELD DR 1.		1, 1 7/7		PRESIDENT	Change	
NAME			1.2 NA	-	JAKK, KONHLEIL.	3/	
STREET ADDRESS				EET ADDRESS	STARR, RONALD L. LTL ROARING DRIVE # 1. ALTANONTE SPRINGS F	2 31114	
CITY-ST-ZIP TITLE	LONGWOOD FL	LONGWOOD FL 1.4		Y-ST-ZIP	HEIHARNIE SPRINGS P	☐ Change ☐ Addition	
NAME			2 2 NA			C entriès C vicensii	
STREET ADDRESS				EET ADDRESS			
CITY-S1-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	3 1 Trī			Change Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3 3 ST	REET ADDRESS			
CITY-ST-ZIP			3 4 CIT	Y-ST-ZIP			
T:TLE		☐ DELETE	4 1 T)3	LE		Change Addition	
NAME			4 2 NA				
STREET ADDRESS				IEET ADDRESS			
C:TY-ST-ZIP		() DELETE		Y-ST-ZIP		Change Addition	
TITLE		רי) מבננונ	5 1 TIT 5.2 NA			C Guande C Vanition	
NAME CTREET ADDRESS				VIE REET ADORESS			
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP			
THILE			6 1 TII			☐ Change ☐ Addition	
NAME			62 NA			-	
STREET ADDRESS				REET ADDRESS			
CHY-ST-ZIP			1	Y - ST - ZIP			
14. I do hereby	certify that the information supplied	with this filing is voluntarily	furnished and d	loes not qu	alify for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further	
oath; that I appears in	am an officer or director of the corp Block 12 or Block 13 it changed, or	oration or the receiver or true on a sallar ment with an a	ustee empower address.	and	courate and that my signature shall have the te this report as required by Chapter 607, Fi	orida Statutes; and that my name	

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (401) 188.6699