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FILED

May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 303011

(1)

1. Corporation Name

DIGITAL PRODUCTS CORPORATION

Principal Place of Business

CENTER PORT
800 NW 33RD STREET
POMPANO BEACH FL 33064

Mailing Address

CENTER PORT
800 NW 33RD STREET
POMPANO BEACH FL 33064-2046

3. Date Incorporated or Qualified

03/17/1966

3a. Date of Last Report

08/12/1996

4. FEI Number

59-1141879

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KREITZER, MICHAEL N ESQ
100 SOUTHEAST 2ND STREET
17TH FLOOR
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANGULO, RICHARD	
STREET ADDRESS	800 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELL, DAVID	
STREET ADDRESS	800 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELL, JOHN E	
STREET ADDRESS	800 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARINO, MICHAEL F ESQ	
STREET ADDRESS	800 NW 33RD ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAGANO, CLINTON P SR	
STREET ADDRESS	800 N.W. 33RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, THOMAS P ESQ	
STREET ADDRESS	202 CARNEGIE CENTER SUITE 204	
CITY-ST-ZIP	PRINCETON NJ 08540	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL MARINO	
1.3 STREET ADDRESS	8251 Greensboro Drive	
1.4 CITY-ST-ZIP	McLean, VA 22101	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD ANGULO	
2.3 STREET ADDRESS	1498 N W 3rd Street	
2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	S	
3.2 NAME	JANE GOMEZ	
3.3 STREET ADDRESS	1498 N.W. 3rd ST	
3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
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 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.

JANE GOMEZ, SECRETARY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

954-246-9600

Date

Daytime Phone #

CR2E034 (9/96)