

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 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 # 555048 (8)
1. Corporation Name
DIGITAL CONTROL CORPORATION

Principal Place of Business
10871 75TH ST. NORTH
LARGO FL 34647-1425

Mailing Address
10871 75TH ST. NORTH
LARGO FL 33777-1425



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1977	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1788365	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARKER, DONALD R 13220 110TH AVE N LARGO FL 34844		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code 33774

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	D	1.1 TITLE	4.P. V
NAME	BRITTIAN, WAYNE D	1.2 NAME	
STREET ADDRESS	8310 NORWOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	33777
TITLE	D	2.1 TITLE	
NAME	HOLTZMAN, EDWARD	2.2 NAME	
STREET ADDRESS	169 GARLAND CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	34683
TITLE	DS	3.1 TITLE	SECRETARY S
NAME	DAVIS, J A	3.2 NAME	
STREET ADDRESS	6620 POINSETTA AVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	33707
TITLE	D	4.1 TITLE	
NAME	FERRARA, RAYMOND	4.2 NAME	
STREET ADDRESS	147 ALETA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BCH. FL	4.4 CITY-ST-ZIP	34635
TITLE	D	5.1 TITLE	
NAME	OBMANN, RICHARD	5.2 NAME	
STREET ADDRESS	6240-43RD TERR. N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	5.4 CITY-ST-ZIP	33709
TITLE	PD	6.1 TITLE	PRES. P
NAME	PARKER, DONALD	6.2 NAME	
STREET ADDRESS	13220 110TH AVENUE, N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	33774

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: _____ DATE: 4/29/97 DAYTIME PHONE: 813-547-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)