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

STREET ADDRESS

officer or director of the co

CITY-ST-ZIP

May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F40202 (6)MAIN DIGITAL, INC. Principal Place of Business Mailing Address 3111 CARDINAL DRIVE 3111 CARDINAL DRIVE **VERO BEACH FL 32963** VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1981 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0048073 Suite, Apt #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intaggible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 O'HAIRE, MICHAEL 3111 CARDINAL DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 VERO BEACH, FLORIDA 83 32960 City Zip Code 85 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 posted same of regulaters according title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME MAYS, PATRICIA A 1.2 NAME STREET ADDRESS **8386-75TH COURT** 1.3 STREET ADDRESS VERO BCH, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE O'HAIRE, MICHAEL **3111 CARDINAL DR** STREET ADDRESS 2.3 STREET ADDRESS **VERO B**CH, FL 00000 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **\$TUTZKE, E. MICHAEL** 3.2 NAME NAME 2178 10TH AVE STREET ADDRESS 3.3 STREET ADDRESS **VERO BEACH FL** CITY-ST-ZIP 34 CITY-ST-7IP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 64 CHTY-ST-7IP

with an address.

14. Thereby certify that the information supplied with this filling 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 of supplemental contact 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 of the received contact and that my name appears in the same legal effect as if made under oath; that I am an officer or director of the corporation of the received contact and that my name appears in

**FILED**