

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002985 (6)
 1. Corporation Name
DIGITAL PROCESSING SYSTEMS, INC.



Principal Place of Business 11 SPRIAL DR. FLORENCE KY 41042	Mailing Address 11 SPRIAL DR. FLORENCE KY 41042
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1997	
21	26	4. FEI Number 61-1211582		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		Country	
24	25	29	30		

9. Name and Address of Current Registered Agent WHITE, DAVID 880 MANDALAY AVE., N1001 CLEARWATER BEACH FL 34630				10. Name and Address of New Registered Agent			
				81 Name	WHITE, DAVID		
				82 Street Address (P.O. Box Number is Not Acceptable)	182 SAND KEY ESTATES DR		
				83			
				84 City	CLEARWATER BEACH	85 Zip Code FL 33767	

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	CV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZACKERLEY, JOHN	1.2 NAME	
STREET ADDRESS	12472 W TOWN LINE S, RR 3, STATION MAIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	STOUFFVILLE, ONTARIO L4A 7X4	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOGAR, BRAD	2.2 NAME	
STREET ADDRESS	3146 WILLIAMS CREEK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45244	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN RASSEL, WILLIAM	3.2 NAME	
STREET ADDRESS	8 REJANE CRESCENT	3.3 STREET ADDRESS	
CITY-ST-ZIP	THORNHILL, ONTARIO L4J 478	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS, RUI	4.2 NAME	
STREET ADDRESS	3030 LAKESHORE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON, ONTARIO L7N 1A1	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *BRAD NOGAR* **BRAD NOGAR 1/21/98** 606-371-5533

CR2E034 (10/97)