

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # H17730 (3)

1. Corporation Name

DIJI, INC.

Principal Place of Business

**C/O JAMES KELLEY
30000 S. FEDERAL HIGHWAY
HOMESTEAD FL 33030**

Mailing Address

**C/O JAMES KELLEY
30000 S. FEDERAL HIGHWAY
HOMESTEAD FL 33030**

2. Principal Place of Business

2a. Mailing Address

21 **29990 So Fed Hwy**
Suite, Apt. #, etc.

26 **29990 So Fed Hwy**
Suite, Apt. #, etc.

22 City & State
HOMESTEAD FL

27 City & State
HOMESTEAD FL

23 Zip Country
33033-3304 Dade

28 Zip Country
33033-3304 Dade

9. Name and Address of Current Registered Agent

**KELLEY, JAMES
30000 S. FEDERAL HIGHWAY
HOMESTEAD FL 33030**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

08/22/1984

3a. Date of Last Report

05/11/1995

4. FET Number

65-0218088

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

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KELLEY, JOSEPH R**
STREET ADDRESS **30000 S. FEDERAL HWY**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **VDI** ☐ DELETE
NAME **KELLEY, JAMES**
STREET ADDRESS **30000 S. FEDERAL HWY**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **S** ☐ DELETE
NAME **GOULD, SUSAN**
STREET ADDRESS **7625 S.W. 178 TERR.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Susan Gould*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

Daytime Phone

CR2E034 (12/95)