SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



Sandra B. Mortham

		PROFIT	FLORIDA DEPART	MENT	OF STA	TE	Aug 26	199	<i>9</i> 7 8:	00aı	n	
		PORATION JAL REPORT	Sandra B.									
		1997	Secretary DIVISION OF CO				Secret	ary	01.2	iale		
			5,115,15,15,15				+					
Į		MENT # L34314	l (9)									
••		L DIGITAL STATION MONI	` '									
	OLIVIU	L Dianie Circulon mon	TOTILITY OF ITTO				I MARIJANI ARA DINI ANATA MIJAH MIRIN AN	II ANDII AND)			
Principat Place of Business Mailing Address												
C/O CHARLES KIENZEL C/O CHARLES KIENZEL 1748 INDEPENDENCE BLVD STE. F3 1748 INDEPENDENCE BLVD					F3							
8/	arasota fl	34234-2153	SARASOTA FL 34234-2153			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report						
							12/04/1989		5/01/1996			
	Principal Pr	ace of Business	2a. Mailing Address				4. FEI Number		· · Ar	plied For	7	
21	Sulte, Apt.	# etc	Suite, Apt. #, etc.	Suite Apt # etc				65-0155409 Not Applicable \$8.75 Additional				
22		· 	27				5. Certificate of Status Desired		•	quired		
	City & State	9	City & State	<u> </u>			6. Election Campaign Financing		\$5.00	•		
23	Zip	Country	28	Co	untry		Trust Fund Contribution 8. This corporation owes or has p	==-	Added t		{	
24		25 29 30					Personal Property Tax due Jun	ty Tax due June 30, 🙎 Yes 🗌 No				
9. Name and Address of Current Registered Agent 81 N						ame	10. Name and Address of New R	gistere	d Agent		$\frac{1}{2}$	
NIENZEL, UNANLES							(5.6.6.1)				1	
		E F3		82 Street Addre			ess (P.O. Box Number is Not Accepta	DIE)				
		ASOTA FL		83]	
					84 Ci	ty		F	85 Zip (Code	1	
11	I. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the a	above-na	med corp	oration submits this statement for the			s registered	$\frac{1}{2}$	
	office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was au	ithorize	ed by the	corporati	on's board of directors. I hereby acce	pt the ap	opointment as	registered		
SI	GNATURE .								·			
12		Signature, typed or printed name of registered ago OFFICERS AN	eni and title if applicable. (NOTE:	Hegisleri 13.		nature require	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AI	ND DIRECTOR	S IN 12	15	
Til	LE	D	DELETE	1.17	TITLE				☐ Change	Addition	CR2E034 (4/97)	
	ME	BYRNE, BRUCE		1.2							젍	
	REET ADDRESS	1748 INDEPENDENCE BLVD. SARASOTA FL			1.3 STREET ADDRESS						띬	
TIT	IY-ST-ZIP LE	D D	DELETE			<u></u>			Change	Addition	 5	
NA	ME	KIENZEL, CHARLES	221		2.2 NAME				-			
	reet address	1748 INDEPENDENCE BLVD.			STREET ADDI						İ	
_	ITY-ST-ZIP SARASOTA FL.		DELETE		CITY-S1-ZII Tile	P			Change	Addition	-	
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_	Y-ST-ZIP				CITY - \$1 - 211	Р				1 2000	1	
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	ME				NAME	2000						
	reet address IY-ST-Zip				STREET ADDF STY-S1-ZIP							
TiT			DELETE	6.1 T					Change	Addition	1	
NA	ME			6.2 A	NAME							
	REET ADDRESS				STREET ADDE							
CIT	Y-ST-ZIP			■ 64C	CITY-ST-ZIP	. 1					1	

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 supplied in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 correction or the ecfivor 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 it changed, or or an intachment with an address.

FILED