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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L37075

1. Corporation Name

DIGITAL IMAGING, INC.

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Principal Place of Business Mailing Address										8181) DIBŞI DIDII 1	84811 01811 1861
1428 E. SEMORAN. S114 APOPKA FL 32703 US 1428 E. SEMORAN. S 114 APOPKA FL 32703 US									DO NOT WRITE IN THI	S SPACE	
									3. Date Incorporated or Qualifed		-
									12/19/1989		
2. Principal P	lace of Business		2a. 1	Mailing Address					4. FEI Number		oplied For
		Commerce]		74 Semo	ran	Comi	nerce	e_P	T. 59-2982963		ot Applicable
Suite, Apt. #, etc. Suite, Apr. 27 111					<u> </u>				5. Certificate of Status Desired		Additional equired
City & State	City & State					6. Election Campaign Financing		May Be			
23 Apopka, FL 28 Apopka									Trust Fund Contribution		to Fees
Zip	,	Country	-	Zip		Country			8. This corporation owes the current year Ir		XINo
24 3270		Orange	29	32703	30	Ora	ange		Personal Property Tax.	Yes	ALINO
	9. Name and	Address of Current	Registe	red Agent		81	Nome		10. Name and Address of New Registered	Agent	
CINIZACINICA EDANIZA							Name	^{me} James B. Van Anda			
FINKBEINER, FRANK G.							82 Street Address (P.O. Box Number is Not Acceptable)				
469 NORTH ORANGE AVE ORLANDO FL 32801							174 Semoran Commerce Place				
UNLARVUU FL 32001						83	Suite 111				İ
						84	City			85 Zip	Code
								<u>Ap</u>	opka FI	<u> </u>	2703
office or r agent. I a SIGNATURE	CHAM	or both, in the State of nd accept the obligation ted name of registered agent	Ou	Ll//					ration submits this statement for the purpose of s board of directors. I hereby accept the appointment of the purpose of second of directors. I hereby accept the appointment of the purpose of the purpo		
12.	-//	OFFICERS AND	DIREC	TORS		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DICTS			☐ DELET	E.	1.1 TITLE		PD	1	Change	☐ Addition
NAME	van anda, j	ames B.				1.2 NAME					
STREET ADDRESS	ADDRESS 2403 SWEETWATER COUNTRY CLUB PLACE DR						1.3 STREET ADDRESS				
CITY-ST-ZIP	APOPKA FL					1.4 CITY-S	T-ZIP				
TITLE	DP DELETE						2.1 TITLE			Change	Addition
NAME	ARION, TIMO	THY J.		•		2.2 NAME					
STREET ADDRESS	ss 720 GLEN EAGLE DR					2.3 \$TREET ADDRESS			•		i
CITY-ST-ZIP	WINTER SPRINGS FL					2. 4 CITY-ST-ZIP					
TITLE	VPC T			☐ DELET	Ε ;	3.1 TITLE		VΡ	STD	☐ Change	Addition
NAME	VAN AND			•		3.2 NAME		VA	N ANDA, JONATHAN D.		-
STREET ADDRESS	4.375	A, UONAIN	AIR B		1	3.3 STREE	TADORESS		75 Blackwillow Trail)
CITY-ST-ZIP	13/3 BI	ackwillow.	TIA	.11 T 22744		3.4. CITY-1	ST-ZIP	Al	tamonte Springs, FL	32714	<u> </u>
TITLE	AL CAMON	e e opran g	7	DELET	E I	4.1 TITLE				Change	Addition
NAME					1.	4. 2 NAME					
STREET ADDRESS					1.	4.3 STREE	T ADDRESS		•		ĺ
CITY-ST-ZIP					1.	4.4 CITY-S	T-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·			☐ DELET		5.1 TITLE				Change	Addition
NAME	1				ľ	5.2 NAME					
STREET ADDRESS						5.3 STREE	TADDRESS				
CITY ST 7ID						5.4 CITY-5	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 opporation 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ames B. Van Anda, President 2/19/99 407-884-

Change

☐ Addition

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90053 024 ***150.00