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

CORPORATION ANNUAL REPORT

1996



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

DOCL	IMENT #

P93000043592 (3)

1. Corporation Name DIGITAL COMMUNICATION SERVICES, INC.

Principal Place of Business Mailing Address 440 S FEDERAL HWY PO BOX 1053 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33443 3. Date Incorporated or Qualified 06/18/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 30 Florida Statutes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address A New Registered Agent 81 Name PINCISS, BARRY P Street Address (P.O. Box Number is Not Acceptable) 440 S FEDERAL HWY 82 **DEERFIELD BEACH FL 33441** 63 84 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 are or registered agent, or both, in the State of Funda, familiar with and accept the obligations it Section. and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office ia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am 507.0505, Florida S.O. utes. red agent and title if applicable 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THLE DELETE 1 1 TITLE Change PINCISS, BARRY P Addition NAME 1.2 NAME 440 S FEDERAL HWY STREET ADDRESS 13 STREET ADDRESS DEERFIELD BEACH FL 33441 CITY - ST-ZIP 1.4 CiTY - ST-ZIP TITLE DELETE 2 1 111115 WARSHAVER, JOANNE Change ☐ Addition NAME 2.2 NAME 440 S FEDERAL HWY STREET ADDRESS 23 STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP 2 4 CITY - ST - ZIP THE DELETE 3 1 THILE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST 20F 3 4 CITY - ST - ZIF THEF DELETE 4 1 TITLE ☐ Change

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this certify that the information indicated on this annual report cath; that I am an officer of dreator of the conforation of the conformation o filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and hat my name appears in Block 12 o

4.2 NAME

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5.2 NAME

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SIGNATURE

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CITY-ST-ZIP

■ Addition

Addition

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CR2E034 (12/95)