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

CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 JUL 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

## DOCUMENT # P93000055579 (5)

1. Corporation Name
**DEMTEK MULTIMEDIA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 701 ENTERPRISE RD E<br>SUITE 601<br>SAFETY HARBOR FL 34695-5303 | 701 ENTERPRISE RD E<br>SUITE 601<br>SAFETY HARBOR FL 34695-5303 |

3. Date Incorporated or Qualified: 08/09/1993
3a. Date of Last Report: 08/11/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3001 EXECUTIVE DRIVE | 26 3001 EXECUTIVE DRIVE |
| Suite, Apt. #, etc. 22 SUITE 120 | Suite, Apt. #, etc. 27 SUITE 120 |
| City & State 23 CLEARWATER FL | City & State 28 CLEARWATER FL |
| Zip 24 34622 Country 25 PINELLAS | Zip 29 34622 Country 30 PINELLAS |

4. FEI Number 59-3196686 — 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| NOONAN, JOHN<br>701 ENTERPRISE RD E<br>SUITE 601<br>SAFETY HARBOR FL 34695-5303 | 81 Name DEMER LLOYD<br>82 Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DRIVE<br>83 SUITE 120<br>84 City CLEARWATER FL 85 Zip Code 34623 |

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 VPD [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | DIRECTOR ☒ Change ☐ Addition |
| NAME | DEMERS, LLOYD | 1.2 NAME | DEMERS, LLOYD |
| STREET ADDRESS | 701 ENTERPRISE RD E SUITE 601 | 1.3 STREET ADDRESS | 3001 EXECUTIVE DRIVE |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695-5303 | 1.4 CITY-ST-ZIP | CLEARWATER FL 34622 |
| TITLE | | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** VPD [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046662 CP