## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000055579 (5) DEMTEK MULTIMEDIA, INC.					
Principal Plac	e of Business	Mailing Address	<b>.</b>		
3001 EXECUTIVE DRIVE SUITE 120 CLEARWATER FL 34622		3001 EXECUTIVE DRIVE SUITE 120 CLEARWATER FL 34622			
US	lace of Business	US  2a. Maiing Address		3. Date Incorporated or Qualified     08/09/1993     4. FEI Number	3a. Date of Last Report 07/11/1995
21		26		59-3196686	Applied For Not Applicable
State, Apt	#, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Z <sub>i</sub> p	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	] Yes [] No
ne.	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Rec	gistered Agent
	Mer, lloyd Di executive drive				
SUITE 120			L . I	ress (PO. Box Number is Not Acceptabl	ie)
CLI	EARWATER FL 34623		83		
			84 City		FL 85 Zip Code
				poration submits this statement for the purion's board of directors. I hereby accept	_ <del></del> -
ogo it rui	m familiar with, and accept the ob	igations of Section 607.0505 Flo	orida Statutes	on's board of directors it hereby accept	the appointment as registered
SIGNATURE	Signature typed or productions of regularied		If Begishered Ages I signature respo	and when relacating	SIATE
12.	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	DEMERS, LLOYD	DELETE	1 1 TIFCE 1 2 NAME		Change Addition
STREET ADDRESS	3001 EXECUTIVE DRIVE		1 3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1 4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TITLE		Change Add tion
NAME STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2 3 STREET ADDRESS 2 4 CITY - ST - ZIP		
THILE		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	34 CdY-St-ZiP		· · · · · · · · · · · · · · · · · · ·
TITLE NAME		DELETE	4 1 TITLE		Change Addition
STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4.01TY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CHY-ST-ZIP		
NAME		[] better	61 TITLE 62 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do hereb	y certify that the information supplied that the information indicated of	ed with this filing is voluntarily fur	nished and does not quali	ify for the exemption stated in Section 11	9 07(3)(k) Florida Statutes 1

further certify that the information indicated on this annual report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as it made under each, that I am an officer or director of the ecceiver or trustee empowered to execute this report as required by Chapter 617, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if stranged, or on all attachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-523-2082