**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000069025

1. Corporation Name

DISTRIBUTECH COMMUNICATIONS INTERNATIONAL, INC.

Principal Place	of Business	Ma	iling Address			·····	1	i i <b>ddilan</b> ı ilm imima şirşi muşlı muşl	II WOIII WOIIN Y	ANSK IBSH AANS	11001 0311 1001
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JACKSONVILLE FL 32257 JACKSONVILLE FL 32257				7				DO NOT WRITE IN THIS SPACE			
US ,		US						Date Incorporated or Qualifed 10/05/1993			
2. Principal Pl	ace of Business	2a.	Mailing Address				1	FEI Number		Apı	plied For
21		26		_		_		<u>59-3097741</u>			t Applicable
Suite Apt 1	#, etc.	27	Suite, Apt. #, etc.	2			5.	Certificate of Status Desired		\$8.75 A Fee Re	
City & State	9		City & State				6.	Election Campaign Financing		\$5.00	May Be
23		28				_		Trust Fund Contribution		Added t	o Fees
Zip	Country		Zip	Col	intry		8.	This corporation owes the curre	ent year Inta		
24	25	29		30				Personal Property Tax.			□No
	9. Name and Address of Curre	nt Regis	tered Agent			_	10.	Name and Address of New R	egistered A	Agent	
					81	Name					,
_	NE, WILLIAM A ONE SAN JOSE PL				82	Street Addre	ess (P.	O. Box Number is Not Accepta	ble)		
STE					83						
	(SONVILLE FL 32257					_					
•					84	City			FL	85 Zip C	Code
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the obliga	e of Floric ations of,	la. Such change was Section 607.0505, F	authorize Florida Stat	utes.	ie corporation	ns bo	ard of directors. I nereby accep	t trie appoir	changing its ntment as re	registered gistered
	Signature, typed or printed name of registered ag-				Agent si	ignature required			DATE	ID DIDECTO	DC (N 12
12.	OFFICERS A	ND DIRE	CTORS	13.			Α	ADDITIONS/CHANGES TO OFF	LICEKS AN	ID DIKECTO	IN IZ
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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 corporation or the receiver or pustee 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.

CITY-ST-ZIP

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

**FILED** 

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90068 027 \*\*\*150.00