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

Mailing Address

1832 E ROBINSON ST

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 1

SIGNATURE:

Principal Place of Business

1832 E ROBINSON ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013324 (6)

DIGITAL COMMUNICATIONS CONSULTANTS, INC.

ORLANDO FL 32903 ORLANDO FL 32903-5935 3. Date incorporated or Qualified 3a. Date of Last Report 02/14/1994 04/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3229494 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 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, Yes ☐ No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GLASSFORD, BRUCE W 1821 E JEFFERSON ST 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 84 City Zip Code Sections 697.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered holts, the statute of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered processing of the statute of the 11. Pursuant to the provision office or registered agent. Lam famili SIGNATURI agent and title it applicable (NOTE: Registered Agent signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE GLASSFORD, BRUCE W 1.2 NAME NAME 1821 E JEFFERSON ST 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADORESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CiTY-ST-ZiP DELETE Change Addition TITLE 3.1 TiTLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST-21P 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the

address.

information indicated on this annual report of 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 carporation of the resource of th

FILED Feb 06 1997 8:00am Secretary of State

