


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90098 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000013324					
1. Corporation Name DIGITAL COMMUNICATIONS CONSULTANTS, INC.					
Principal Place of Business 1832 E ROBINSON ST ORLANDO FL 32803 US			Mailing Address 1832 E ROBINSON ST ORLANDO FL 32803 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 516 East Jackson Str Suite, Apt. #, etc. 22 City & State 23 Zip 32801 Country			2a. Mailing Address 26 516 East Jackson Str Suite, Apt. #, etc. 27 City & State 28 Zip 32801 Country		
3. Date Incorporated or Qualified 02/14/1994			4. FEI Number 59-3229494		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required		
8. This corporation owes the current year Intangible Personal Property Tax.			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
9. Name and Address of Current Registered Agent GLASSFORD, BRUCE W 1821 E JEFFERSON ST ORLANDO FL 32803			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 516 E. Jackson Str 83 84 City FL 85 Zip Code 32801		
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 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					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

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 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, as on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. Apr. 99 (407) 423-3229
Date Daytime Phone #

CR2E034 (1/98)