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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400031585 (0)

DIGITAL PREP, INC.

Principal Place of Business Mailing Address					
9728 PHILLIPS HWY SUITE 221 JASCKSONVILLE FL 32207	3728 PHILLIPS HWY SUITE 221 JACKSONVILLE FL 32207-6880 US				
US			 Date Incorporated or Qualified 04/25/1994 	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business	2a. Mailing Address	****		4. FEI Number	Applied For
21	26			59-3237175	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country 25		Count 30	ry		Yes 🔲 No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FREEDMAN, NORAN I 8543 HEATHER RUN DR N JACKSONVILLE FL 32256		8	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
		8	/		FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligat SIGNATURE Signature, typed or printed name of registered agent				progration submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered if the appointment as registered
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE D	☐ DELFTE	1.1 101.6			Change Addition
NAME FREEDMAN, NORMAN I		1.2 NAMI	E [
TREET ADDRESS 8543 HEATHER RUN DR N		1.3 STRE	E1 ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL 32258	JACKSONVILLE FL 32256		· ST · ZIP		
TITLE D	·				Change Addition
NAME FREEDMAN, JUDITH R		22 NAM	r I		
STREET ADDRESS 8543 HEATHER RUN DR N		2 3 S1RE	ET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL 32256		4	- ST - ZIP	1.5	***.
TITLE	☐ DELFTE				Change Addition
NAME		3.2 NAMI	.		•
STREET ADDRESS			ELADDRESS		
CITY-ST-ZIP			- S1 - ZIP		
TITLE	DELFTE	4.1 TOLE			Change Addition
NAME	Townson or a fine	4. 2 NAM	ì		E Comme
STREET ADDRESS			EL ADORESS		

14. I do hereby certify that the information supplied with the filling 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 supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on the information indicated on the information indicated on the information indicated on the information indicated in Section 119.07(3)(i), Florida Statutes. I further certified in Section 119.07(3)(i), Florida Statutes. I further certified in Section 119.07(3)(ii), Florida Statutes. I further certified in Section 119.07(3)(iii), Florida Statutes

4.4 CH1Y-S1-7[F

5.3 STREET ADDRESS

5 1 THLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELFTE

DELETE

SIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITE F

NAME

3983424

___ Change

Change

Addition

Addition

FILED

Apr 29 1997 8:00am

Secretary of State

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