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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032760 (8)

1. Corporation Name
DIGITAL X-PRESS, INC.



Principal Place of Business

949 W. 15TH STR
SUITE 600
RIVIERA BEACH FL 33404
US

Mailing Address

1500 AUSTRALIAN AVENUE
SUITE 600
RIVIERA BEACH FL 33404-5304
US

3. Date Incorporated or Qualified 04/28/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 949 W 15TH STR

Suite, Apt. #, etc.

22 City & State

23 RIVIERA BEACH, FL

24 Zip 33404

25 Country USA

2a. Mailing Address

26 1500 AUSTRALIAN AVE

Suite, Apt. #, etc.

27 City & State

28 RIVIERA BEACH, FL

29 Zip 33404

30 Country USA

4. FEI Number

65-0499746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COOKE, BRIAN J
515 NORTH FLAGLER DRIVE
SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE CEO
NAME LAFFLER, RALPH
STREET ADDRESS 23 CAYMAN PL
CITY-ST-ZIP PALM BEACH GARDENS FL

☐ DELETE

TITLE P
NAME BUTLER, ROGER S.
STREET ADDRESS 6 EMARITA WAY
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE VP
NAME DALY, FRANCIS J.
STREET ADDRESS 1887 SW MOORING DR.
CITY-ST-ZIP PALM CITY FL

☐ DELETE

TITLE ST
NAME MARTINELLI, LAWRENCE
STREET ADDRESS 9788 JONQUIL CIR
CITY-ST-ZIP PALM BEACH GARDENS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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, or on an attachment with an address.

SIGNATURE:

Ralph H. Laffler

4/28/97

561-848-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)