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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000081984 (4)

DIGITAL RESOLUTIONS, INC.

| Principal Place of Business   |  | Mailing Address   |                    |                            | (#IT)  |                                       |
|---|--|---|--------------------|----------------------------|--|---------------------------------------|
| 1868 N. UNIVERSITY DRIVE  |  | 1868 N UNIVERSITY DRIVE   |                    |                            |  |                                       |
| SUITE 201   |  | SUITE 201   |                    |                            |  |                                       |
| PLANTATION FL \$3322  |  | PLANTATION FL 33322   |                    | DO NOT WRITE IN THIS SPACE |  |                                       |
| US  |  | U\$   |                    |                            | 3. Date Incorporated or Qualified                |                                       |
| 9 Principal D   | lace of Business   | 2a. Mailing Address   |                    |                            | 11/07/1994<br>4. FEI Number                      |                                       |
| 21  |  | 26. Walling Acturess  |                    |                            | Applied For                                      |                                       |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |                    | 65-0531263                 | Not Applicable \$8.75 Additional                 |                                       |
| 22  |  | · ¬   | 27                 |                            | 5. Certificate of Status Desired                 | Fee Required                          |
| City & State  |  | City & State  | <u> </u>           |                            | 6. Election Campaign Financing                   | \$5.00 May Be                         |
| 23  |  | 28  |                    | Trust Fund Contribution    | Added to Fees                                    |                                       |
| Zip   | Country  | Ζφ  | Countr             | у                          | 8. This corporation owes or has paid the         | current year Intangible.              |
| 24  | 25 29  |   | 30                 |                            | Personal Property Tax due June 30.               | Yes No                                |
| g. Name and Address of Current Registered Agent   |  |   |                    |                            | 10. Name and Address of New Registere            | ed Agent                              |
|   | KACS, KEN  |   | 81                 | Name                       |  |                                       |
| 9326 <b>SW</b> 1ST ST.  |  |   | 82                 | Street Add                 | ress (P.O. Box Number is Not Acceptable)         |                                       |
| PLANTATION FL 33324   |  |   |                    |                            |  | · · · · · · · · · · · · · · · · · · · |
|   |  |   | 83                 |                            |  |                                       |
|   |  |   | 84                 | City                       | F  | 85 Zip Code                           |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab-<br>office or registered agent, or both, in the State of Florida, Such change was authorized |  |   | s, the abov        | re-named core              | poration submits this statement for the purpose  | e of changing its registered          |
| office or r   | ogistered agent, or both, in the State<br>m familiar with, and accept the obliga   | of Horida, Such change was au<br>ations of Section 607 0505. Flor | ithorized b        | y the corporal             | tion's board of directors. I hereby accept the a | ppointment as registered              |
| SIGNATURE   | the state of the s | moons of, executive portions, incr                                | ioa oraidic        |                            |  |                                       |
| SIGNATURE   | Styrature, typical or printed runne of registerial agr   | nt and little if applicable (NOTE                                 | Registered Ag      | ent signature requi        | red whori reinstating) DATE                      | ·                                     |
| 12.   | OFFICERS ANI   | D DIRECTORS   | 13.                |                            | ADDITIONS/CHANGES TO OFFICERS A                  |                                       |
| TITLE   | D  | ☐ DELETE  | 1.1 TITLE          |                            |  | Change Addition                       |
| NAME  |  |   | 1.2 NAME           |                            |  |                                       |
| \$TREET ADDRESS   | The state of the s |   | 1.3 STREET ADDRESS |                            |  |                                       |
| CITY-\$T-ZIP  |  |   | 1.4 CITY -         | ST-ZIP                     |  |                                       |
| TITLE   |  |   | 2.1 THTLE          |                            |  | ☐ Change ☐ Addition                   |
| NAME  |  |   | 2.2 NAME           |                            |  |                                       |
| STREET ADDRESS  |  |   | 2.3 STREE          | 1 ADDRESS                  |  |                                       |
| CITY-ST-ZIP   |  |   | 2. 4 CITY-         | S1-ZIP                     |  |                                       |
| TITLE   |  | DELETE  | 3.1 TITLE          | }                          |  | Change Addition                       |
| NAME  |  |   | 3.2 NAME           |                            |  |                                       |
| STREET ADDRESS  |  |   | 3.3 STREE          | T ADDRESS                  |  |                                       |
| CITY-ST-ZIP   |  |   | 3.4. CITY-         | ST - ZIP                   |  |                                       |
| TITLE   |  | ☐ DELETE  | 4.1 THILE          |                            |  | Change Addition                       |
| NAME  |  |   | 4. 2 NAME          |                            |  |                                       |
| STREET ADDRESS  |  |   | 4.3 STRFE          | T ADDRESS                  |  |                                       |
| CITY-ST-ZIP   |  |   | 4.4 CITY-          | ST - ZIP                   |  |                                       |
| TITLE   |  | [_] DELETE  | 5.1 TITLE          |                            |  | ☐ Change ☐ Addition                   |
| NAME  |  |   | 5.2 NAME           |                            |  |                                       |
| STREET ADDRESS  |  |   | 5.3 STREET         | I ADDRESS                  |  |                                       |

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 suppliemental 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CICNATURE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

har on

DELETE

K. TAKAES

5/1/08 (054)476-6467

**FILED** 

Jun 02 1998 8:00am

Secretary of State

R2E034 (10/97)

Addition