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

*-- PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90037 004 ***150.00

DOCUMENT # P9400081984

DIGITAL RESOLUTIONS, INC.

| Principal Place | e of Business | М | ailing Address | | | ;; | - ()\$811681 ((4)\$151 \$1611 \$8111 \$1 } | list Bark Metal s | 8181 FISIN 14181 | . (81)(8/81 108) |
|--|--|----------|---------------------------|----------|--------|----------------------|---|-------------------|--|-------------------|
| 1868 N. UNIVERSITY DRIVE 1868 N UNIVERSITY DRIVE | | | | | | | · | | | |
| SUITE 201 | | | SUITE 201 | | | | DO NOT WRITE IN THIS SPACE | | | |
| PLANTATION FL 33322 | | | PLANTATION FL 33322 US | | | | DO NOT WRITE IN THIS SPACE | | | |
| บร | | Ųč | • | | | | 3. Date Incorporated or Qualifed 11/07/1994 | | | } |
| | | 1.0- | Marillan Address | | | | 4. FEI Number | | I Ar | pplied For |
| — | ace of Business | 2a. | Mailing Address | | | | 65-0531263 | | ⊢ | ot Applicable |
| 21 Suite Ast # ate | | | Suite, Apt. #, etc. | | | | 03-033 1203 | | \$8.75 | |
| Suite, Apt. #, etc. | | | 27 | | | | 5. Certifcate of Status Desired | | Fee Re | equired |
| City & State | • | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | | Added | to Fees |
| Zip | Country | \vdash | Zip Coun | | | | | | | |
| 24 | 25 | 29 | | | | | Personal Property Tax. | ☐ Yes ☐ No | | |
| | 9. Name and Address of Curren | Regis | tered Agent | | 81 | | 10. Name and Address of New | Registerea / | agent | |
| TAY | ACS, KEN | | | | "' | Name | | | | |
| | S SW 1ST ST. | | | | 82 | Street Addre | ss (P.O. Box Number is Not Accept | able) | | |
| | TATION FL 33324 | | | | | | | | | |
| FLAI | 41A11014 FL 33324 | | | | 83 | | | | | İ |
| | | | | | 84 | City | 1980 | | 85 Zip (| Code |
| | to the provisions of Sections 607.050 | | | <u>.</u> | | | | FL_ | ــــــــــــــــــــــــــــــــــــــ | |
| SIGNATURE | m familiar with, and accept the obligation | | | | | t signature required | | DATE | | |
| 12. | OFFICERS AN | D DIRE | | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| TITLE | D | | ☐ DELETE | 1.1 T | TLE | { | • | | Change | ☐ Addition |
| NAME | TAKACS, KEN | | | 1.2 N | AME. | . | | | | |
| STREET ADDRESS | 9326 SW 1ST ST. | | | 1.3 \$ | TREET | ADDRESS | | | | ļ |
| CITY-ST-ZIP | PLANTATION FL 33324 | | | 1.4 0 | TY-S | T-ZIP | <u>. </u> | | | |
| TITLE | D | | . DELETE | 2.1 T | TLE | | | | Change | ☐ Addition |
| NAME | CARLSON, RICHARD | | | 2.2 N | AME | | | | | |
| STREET ADDRESS | 424 NW 70TH AVE., APT. 224 | | | 2.3 \$ | TREET | ADDRESS | • | • | | 1 |
| CITY-ST-ZIP | PLANTATION FL 33317 | | | 2.40 | ITY-S | T-ZIP | | | | |
| TITLE | | | DELETE | 3.1 T | TLE | | | ÷ | Change . | . Addition |
| NAME | | | | 3.2 N | AME | 1 | | | | } |
| STREET ADDRESS | | | | 3.3 \$ | TREET | ADDRESS | | | | \ \ |
| CITY-ST-ZIP | · , · | | | _ | iTY-S | T-ZIP | | | | - Addition |
| TITLE | • *• | | ☐ DELETE | 4.1 T | | 1 | | | ☐ Change | Addition |
| NAME | | | | 4.2 N | IAME | | | | | } |
| STREET ADDRESS | | • | | 4.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | 140 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | TY-S | T-ZIP | | | - CO (1) | Addition |
| TITLE | 140.1 . V. 18 | • | ☐ DELETE | 5.1 TI | | 1 | • | | Change | Addition |
| NAME | *1 | | | 5.2 N | | | | | | { |
| STREET ADDRESS | | | | | | ADDRESS | | | | j |
| CITY-ST-ZIP | | | | | TY-\$1 | T-ZIP | | <u></u> | | - Additio- |
| TITLE | | | ☐ DELETE | 6.1 T | | ' | , | | Change | Addition |
| NAME | ., | | | 6.2 N | | j | | | | 1 |
| STREET ADDRESS | · · | | | 6.3 \$ | TREET | F ADDRESS | , | | | - |
| CITY-ST-ZIP | | | | 6.4 C | ΠY-\$1 | T-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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

4/22/99 (954) 476-6467