

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Supervisor of Corporations
Secretary of State
Tallahassee, Florida

**APPROVED
AND
FILED**

DOCUMENT # **P94000091511 (3)**

05 MAY - 1 AM 9:30

DIGITAL CATALOG EXPRESS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

1. Principal Office 945 WEST 15TH ST RIVIERA BEACH FL 33404		2. Mailing Office 945 WEST 15TH ST. RIVIERA BEACH FL 33404		3. Date Incorporated or Qualified 12/19/1994	3a. Date of Last Report
2. Filing State 21	2a. Mailing Address 26	4. FEIN Number 65-0569240	Applied For Not Applicable		
22. State of Incorporation 27	27. State of Mailing Office 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23. City & State 28	28. City & State 29	6. Has the Corporation Paid Franchise Tax for the Last Reporting Period? <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24.	25.	29.	30.	8. This corporation has liability for intangible tax under S. 199(1)(b), Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				B1. Name	
				B2. Street Address (P.O. Box Number is Not Acceptable)	
				B3.	
				B4. City	B5. Zip Code FL

11. Pursuant to the provisions of Sections 607, 608, and 609, 1908, 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, 1908, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY & STATE ZIP	DP LAFFLER, RALPH H 945 WEST 15TH ST. RIVIERA BEACH FL 33404	TITLE NAME STREET ADDRESS CITY & STATE ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23 CAYMAN PL PALM BEACH Gdns FL
TITLE NAME STREET ADDRESS CITY & STATE ZIP	CEO ROGER S. BUTLER 6 EMARITA WAY STUART, FL	TITLE NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & STATE ZIP	VP KEN GIDNEY 3087 N.E. 8th AVE BOCA RATON, FL	TITLE NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & STATE ZIP	VP MYRON DAVIDOFF 2551 ROCK ISLAND RD, #310 MARGATE, FL	TITLE NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & STATE ZIP	ST LAWRENCE MARTINELLI 9788 JONQUIL CIR PALM BEACH Gdns, FL	TITLE NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & STATE ZIP		TITLE NAME STREET ADDRESS CITY & STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation stated in Sections 1908 of the Florida Statutes. I further certify that the information is correct for this annual report or supplemental annual report as to time and accuracy 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 on the list of officers or directors of the corporation with an address.

SIGNATURE: *Ralph H. Laffler* 4/27/95 407-848-8989
 SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR
 RALPH H. LAFFLER