

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015047 (0)

1. Corporation Name

1ST COAST DIGITAL SOLUTIONS, INC.



Principal Place of Business

Mailing Address

3339 DONZI WAY WEST
JACKSONVILLE FL 32223

3339 DONZI WAY WEST
JACKSONVILLE FL 32223

3. Date Incorporated or Qualified
02/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 One Sunrise Place, Ste. 14C

26 One Sunrise Place, Ste. 14C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 14C

27 14C

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Zip

24 32257

29 32257

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRK, JEFF
3339 DONZI WAY WEST
JACKSONVILLE FL 32223

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 registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KIRK, JEFF
STREET ADDRESS 4251 WINDERGATE DRIVE
CITY - ST - ZIP JACKSONVILLE FL 32257

11 TITLE V/D
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE D
NAME ANDERSON, CURTIS W JR.
STREET ADDRESS 3339 DONZI WAY WEST
CITY - ST - ZIP JACKSONVILLE FL 32223

21 TITLE P/D
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CURTIS W. ANDERSON JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 904-262-4099
Date Printed Name #

CR2E034 (3/96)