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 # P95000020347 (7)

DGL SYSTEMS, INC.

Principal Place of Business Mailing Address 143 EL DORADO PARKWAY WEST 143 EL DORADO PARKWAY WEST CAPE CORAL FL 33914 **CAPE CORAL FL 33914** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For Not Applicable 21 26 74-2777996 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes or has paid the current year Intangible Zip Country 30 Personal Property Tax due June 30. Yes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GEBHARDT, MAURICE R 143 EL DORADO PARKWAY WEST 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 City 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 egistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition Change 1.1 TITLE DELETE TITLE GEBHARDT, MAURICE R 1.2 NAME MAME 143 EL DORADO PARKWAY WEST 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 1.4 CITY - ST - ZIP CITY-ST-ZIP

Change ___ Addition DELETE TITLE 21 TITLE LADD, JON W 2.2 NAME 143 EL DORADO PARKWAY WEST 2.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE DENNING, RONALD D 3.2 NAME NAME 143 EL DORADO PARKWAY WEST 3.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 3.4. CiTY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

CITY-ST-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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Maurica Par Hellard

1-6-98 941639-2410

FILED

Jan 15 1998 8:00am

Secretary of State

CR2E034 (10/97)