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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031040 (5)

DESKTOP ADVANTAGE, INC.

FILED May 01 1998 8:00am Secretary of State



| SMR. Apt. f, etc. Suite, Apt. f, etc. S | Principal Place | e of Business | Mailing Address | | | (Intilate tie (A:S) detti datti parti patti gata | tifftt tiftt! fåtite Bifftt meter imm: |
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| 2. Molling Address Suite, Apt 6, 90 Suit | | | | | | 3. Date Incorporated or Qualified | |
| 2. Molling Address Suite, Apt 6, 90 Suit | | | | | | 04/20/1995 | |
| Suite, Apt #, etc. Suite, Apt #, etc. Suite, A | 2. Principal Pl | ace of Business | 2a. Mailing Address | - | | | Applied For |
| Suite, Apt #, etc. Suite, Apt #, etc. Suite, A | हा 🕦 💃 | Same | 26 | | | 59-3311062 | Not Applicable |
| Cuty & State | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 4 |
| 26 | 22 | | 27 | 27 | | 5. Certificate of dialias Desired | Fee Required |
| American Part Par | City & State | | City & State | City & State | | | |
| 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVE. CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 53 Street Address (P.O. Box Number is Not Acceptable) 74. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the above-maned corporation submits this statement for the purpose of changing its registered disco or registered agent, or both jumps state of Florida, Such change was submitted by the corporation's board of directors. I horstly accept the appointment as registered disco. Training the State of Florida Statutos, the above-maned corporation submits this statement for the purpose of changing its registered disco. Training the State of Florida Statutos. State of the Corporation's board of directors. I horstly accept the appointment as registered disco. Training the State of St | 23 | | | <u></u> | | | |
| AMERILAWYER CHARTERED 343 ALMERIA AVE. CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Code 84 Gity FL 85 Zip Code 85 84 Gity FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors, I hereby accept the purpose of changing its registered office or registered agent, or both in the purpose of changing its registered office or registered agent, or both in the purpose of changing its registered office or registered agent, or both in the purpose of changing its registered office or registered agent, or both in the purpose of changing its registered office or registered agent, or both in the purpose of changing its registered office or registered agent | | <u> </u> | | ├ ── | ry | · · · · · · · · · · · · · · · · · · · | |
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| AMERIAWITER UTRIFIERD 33 ALMERIA AVE. CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 Statut Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 95 Zip Code 96 City FL 85 Zip Code 97 City FL 85 Zip Code 97 City FL 85 Zip Code 98 City FL 85 Zip Code 99 City FL 85 Zip Code 99 City FL 85 Zip Code 90 City Fl 85 | | | ant Hagistoren Agent | 8 | 1 Name | (g, reality and room et item tragitation | |
| ### COPAL GABLES FL 33134 ### City ### | | | | Ĺ | | | |
| 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an itemital with, and across the obligations of Section 607.05.05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and across the obligations of Section 607.05.05, Florida Statutes, agent agent and approximate the statement for the purpose of changing its registered agent. I am familiar with, and across the obligations of Section 107.05.05, Florida Statutes, agent agents above named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and across the obligations of Signature named agent advance required when remaining. 12. | | | | 8 | 2 Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statament 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 heroby accept the appointment as registered agent to maintain with, updated the purpose of changing its registered agent. I am familiar with, updated the purpose of changing its registered agent to the corporation's board of directors. I heroby accept the appointment as registered agent to the purpose of changing its registered agent to the purpose of changing its registered agent to the purpose of changing its registered agent. I have corporation's board of directors. I heroby accept the appointment as registered agent to the purpose of changing its registered agent to the purpose of changing its registered agent. I have corporation's board of directors. I heroby accept the appointment as registered agent to the corporation's board of directors. I heroby accept the appointment as registered agent to the corporation's board of directors. I heroby accept the appointment as registered agent to the corporation's board of directors. I heroby accept the appointment as registered agent to the corporation's board of directors. I heroby accept the appointment as registered agent to the corporation's board of directors. I heroby accept the appointment as registered agent to the corporation's board of directors. I heroby accept the appointment as registered agent and accept the appointment as registered agent and accept the appointment as registered agent agent accept the acceptance of a positive acceptance agent acceptance of changing its registered agent acceptance agent acceptance and acceptance acceptance acceptance and acceptance | COI | HAL GABLES FL 33134 | | 8 | 3 | | |
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| 6.4 CITY-ST-ZIP 14. Thereby 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in | NAME | | | 6.2 NAM | E | | |
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| 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 | indianiad | on this page of const or supplement | atal annual ronort is truo and acc | cureto and | lhat mu siana | ature shall have the same legal ettect as it made | under cath: that I am an — i |
| The second secon | officer or | director of the corporation or the re- | eceiver or trustee empowered to | execute thi | s report as re | equired by Chapter 607, Florida Statutes; and the | nat my name appears in |