## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Ζiρ

STREET ADDRESS

CITY-ST-ZIP

22

23

24

10284 NW



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

10284 NW 47 ST

30

Country

81 Name

82

83 84 City

## DOCUMENT # P95000041258 (1)

47

Country

9. Name and Address of Current Registered Agent

25

JAMESSON, PAUL E 4210 SW 8 ST

PLANTATION FL 33317

DIGITAL DOCUMENT CORPORATION

Principal Place of Business	Mailing Address	
10204 N.W. 47 ST. SUNRISE FL 33351-7990	10204 N.W. 47 ST. Sunrise Fl. 33351-7980	
He	ue.	

2a. Mailing Address

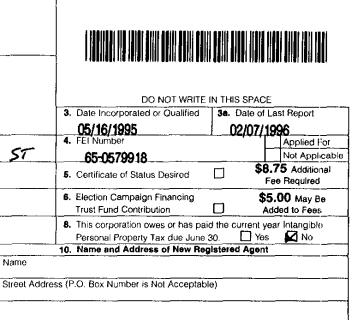
City & State

28

29

Suite, Apt. #, etc

**FILED** Sep 22 1997 8:00am Secretary of State



Zip Code

65

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, typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition JAMESSON, PAUL ETHAN 1.2 NAME NAME 4210 SW 8 ST STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Acidition TITLE **BOYD. JENNIFER** NAME 2.2 NAME 1141 SW 45 TERR STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 T(T) F BOYD. STEVEN M NAME 3.2 NAME 1141 SW 45 TERR STREET ADDRESS 3.3 STREET ADDRESS **PLANTATION FL 33317** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE Jamesson, Diane V NAME 4. 2 NAME 4210 SW 8 ST STREET ADDRESS 4.3 STREET ADDRESS PLANTATION FL CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change noilit bA TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TOLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-7IP

14. I do 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 eorporation 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 of changed, or on an attachment with an address.