FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000072766 (5)**

1. Corporation Name

DIGITAL IMAGING SYSTEMS INTEGRATORS, INC.

Principal Place of Business

1101 BLACKSTONE BLDG.
233 EAST BAY STREET
JACKSONVILLE FL 32202

Mailing Address

1101 BLACKSTONE BLDG.
233 EAST BAY STREET
JACKSONVILLE FL 32202

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 09/20/1995

3a. Date of Last Report

4. FEI Number: Applied For — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: John N. Bryant
82 Street Address (P.O. Box Number is Not Acceptable): 1101 Blackstone Building
83 233 East Bay Street
84 City: Jacksonville, FL 85 Zip Code: 32202

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] Signature, typed or printed name of registered agent and title if applicable — DATE 4-2-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BERG, STEVEN A	
STREET ADDRESS	233 E. BAY STREET #1101	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	☐ DELETE
NAME	MOURO, LORI L	
STREET ADDRESS	233 E. BAY STREET #1101	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	☐ DELETE
NAME	BERG, NANCY J	
STREET ADDRESS	233 E. BAY STREET #1101	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	☐ DELETE
NAME	MOURO, ROBERT E SR	
STREET ADDRESS	233 E. BAY STREET #1101	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	600001868916	☐ Change ☐ Addition
5.2 NAME	-06/20/96--01022--022	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	05-01-96	

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)(x), 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.

SIGNATURE: [signature] — 4-2-96 — 632-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)