## 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 # P9600000592 (1)

DIGITAL CREATIONS INTERNATIONAL, INC.

**FILED** Mar 25 1998 8:00am Secretary of State

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Principal Place	of Business	Mailing Address				1 JERIODE IIO JENO MINI BONI DENK ODEN DONI M	)(() <b>03</b> (\$) (	<b>9111W</b> 1W1	18 (181 1881
845 FRANKLYN AVE B45 FRANKLYN AVE INDIALANTIC FL 32903 US US						DO NOT WRITE IN THIS	SPACE		
"						3. Date Incorporated or Qualified			
						01/03/1996			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		App	olied For
21		26			<u></u>	59-3351818		Not	Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		. <b>75</b> A	dditional quired
City & State		City & State				6. Election Campaign Financing	\$5	.00	May Be
23		28			******	Trust Fund Contribution	Ac	ided to	Fees
Zip	Country Zip Coun		ıntry		8. This corporation owes or has paid the current year Intangible				
24	25	29	30			Personal Property Tax due June 30YesNo			
	g. Name and Address of Curr	rent Registered Agent		81	Mana	10. Name and Address of New Registered	Agent		
	i, shinobu			6'	Name				
	FRANKLYN AVE NALANTIC FL 32903			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
				83	·			·	
				84	City	Fi	85	Zip C	Code
office or re	gistered agent, or both, in the St	ate of Florida. Such change was	authorize	d by	the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of chang pointme	ing its	registered egistered
1	n familiar with, and accept the ob	ligations of, Section 607.0505, F	iorida Stai	tutes	<b>3</b> .				
SIGNATURE	Signature typed or printed name of registered	agent and title if applicable (NO	1E: Registere	d Age	nt signatura require	ed when reinstating) DATE			
12.	<del></del>	AND DIRECTORS	13.		·	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE	1,1 TI	TLE			L. Ch	ange	Addition
NAME	DURR, GEORGE H		1.2 N	AME					
STREET ADDRESS	175 RIVERWAY DRIVE		1.3 S	TREET.	ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32963			ITY-\$1	T- ZIP				<u></u>
TITLE	D	☐ DELETE	2.1 TI				Ch	ange	Addition
NAME	DURR, RICHARD		2.2 N	AME					
STREET ADDRESS	1403 CLUB DRIVE		2.3 S1	TREET.	ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32963				ST - ZIP	······································			
TITLE	D	☐ DELETE	3.1 TI				∐ Ch	ange	Addition
NAME	DOI, SHINOBU		3.2 N	AME					
STREET ADDRESS	645 FRANKLIN AVE.		3.3 S1	TREET.	ADDRESS				
CITY-ST-ZIP	INDIALANTIC FL 32903		_	ITY-S	ST-ZIP		<del></del>		
TITLE		DELETE	4.1 TI	1LE			☐ Ch	ange	Addition
NAME			4. 2 N						
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				ITY-S1	T- ZIP				
TITLE		DELETE	5.1 TI	TLE			Ch.	ange	Addition
NAME			5.2 N/	AME					
STREET ADDRESS			5.3 S1	TREET	ADDRESS				
CITY-ST-ZIP	. 1		5.4 CI	ITY-SI	T-ZIP				
TITLE		☐ DELFTE	6.1 TI	TLE			☐ Ch	ange	Addition
NAME			6.2 N	AME	]				
STREET ADDRESS			6.3 ST	TREET.	ADDRESS				
CITY-ST-ZIP			6.4 CI	ITY - ST	T-ZIP				

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 altachment with an address.

SIGNATURE:

4077687825