

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000592
1. Corporation Name
Digital Creations International Inc.

Principal Place of Business
207 S. PALM AVE
INDIALANTIC
FL 32903
Mailing Address
P.O. Box 47037
DORAVILLE
GA
30362-7037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 207 S. Palm Ave Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 47037 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified JAN 3 1996	4. FEI Number 59-3351818	Applied For Not Applicable
City & State 23 INDIALANTIC, FL	City & State 28 DORAVILLE, GA	5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
Zip 24 32903	Country 25 USA	Zip 29 30362-7037	Country 30 USA	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SHINOBU DOI
207 S. PALM AVE
INDIALANTIC
FL 32903

10. Name and Address of New Registered Agent

81 Name SHINOBU DOI	85 Zip Code 32903
82 Street Address (P.O. Box Number is Not Acceptable) 207 S. PALM AVE	
83	
84 City INDIALANTIC	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director SHINOBU DOI 207 S. PALM AVE INDIALANTIC FL 32903	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard Durr 1403 Club Drive Vero Beach FL 32963	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George H. Durr 175 Riverway Dr. Vero Beach, FL 32963	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)