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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 24 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P96000002232 (2)

DIGITAL COMMUNICATIONS NETWORK, INC.

rincipal Plac	e of Business DRIVE WHEY FL 34856	Mailing Address 9340 DANTEL DRIVE NEW PORT RICHEY FL 34	654-5618			
l v Li					 Date Incorporated or Qualified 12/26/1995 	3a, Date of Last Report 05/01/1996
Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		26	·		59-3351860	Not Applicable
Solie, Apt. 4, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip 29	Zip Country		8. This corporation has liability for i	
<u>}</u>	g, Name and Address of Current		[30]		10. Name and Address of New Re	
ROC	X, DANIEL P ESQ.	· · · · · · · · · · · · · · · · · · ·	8	Name		
5728 MAIN STREET			8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)
NEW	V PORT RICHEY FL 34652		8	3		
1						
r.)			8	1		FL 85 Zip Code
agent. I a	In familiar with, and accept the obligated accept t	st and title if applicable. (NOT			rporation submits this statement for the pation's board of directors. I hereby acception with the patient of the patient when reinstaling. ADDITIONS/CHANGES TO OFFICE.	DATE
MLE	D DOOF WAVE	☐ DELETE	1.1 1111.6			☐ Change ☐ Addition
IAME Street address	FOGEL, WAYNE 9340 DANTEL DRIVE		1.2 NAME 1.3 STREET ADDRESS			
STY+ST-ZIP	NEW PORT RICHEY FL 34656		1.3 STRE			
TITLE	D	DELETE	2.1 11115			☐ Change ☐ Addition
LAME	FOGEL, DONNA		2.2 NAM			
STREET ADDRESS	9340 DANTEL DRIVE NEW PORT RICHEY FL 34656		•	ET ADDRESS		
CITY-SY-ZIP	HETT TONI MONEY IL OTOSO	DELETE	2 4 C/TY 3.1 TITLE			Change Addition
VAME		<u></u>	3.2 NAM	1		
TREET ADDRESS			3 3 S1RE	e1 address		
ATY-ST-ZIP		Contest	3.4. CITY			
itue Name		☐ DEL€1E	4.1 TITLE 4.2 NAM	1		☐ Change ☐ Addition
STREET ADDRESS				FT ADDRESS		
HY-ST-ZIP			4.4 CITY	ST-7IP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
AME			5.2 NAM	ſ		
STREET ADDRESS SITY-ST-ZIP			5.3 STRE 5.4 CITY	ET ADDRESS		}
ITLE		DELETE	6.1 TITLE			Change Addition
IAME			6.2 NAM			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 trusted 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:

Llows

Donna FoqEL 4/16/97 8/13 846-/2/6