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 #

SPURI	5 DIGITIZING SPECIALISTS	, INC.			
Principal Place	o of Rueinnes	Mailing Address		—{	
· ·		v			
577 WEST 50TH STREET MIAMI BEACH FL 33140 US		577 W. SOTH STREET MIAMI BEACH FL 33140 US		DO NOT WRITE IN THIS SPACE	
03		00		3. Date Incorporated or Qualified	
				01/10/1996	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number Applied For	\exists
21		26		65-0639075 Not Applicab	ıle
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22	_	27		5. Certificate of Status Desired Fee Required	
City & State		City & State	•	6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25		30	Personal Property Tax due June 30. Yes No	-4
	9. Name and Address of Curren	t Registered Agent	81 Name	10, Name and Address of New Registered Agent	
	OCH, ANDREW		o i Name		
8811 HAWTHORNE AVE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SU	RF\$IDE FL 33154		83		
			63		
			84 City	FL 85 Zip Code	
44 6	(0.07.010)	On al CO2 44 CO. Clasida Otatuta	a the above period core	poration submits this statement for the purpose of changing its registere	귀
l office or re	e giste red agent, or both, in the State.	ol Florida. Such change was at	lithorized by the corporat	tion's board of directors. I hereby accept the appointment as registered	<u> </u>
agent. La	m famili ar with, and accept the obliga	itions of, Section 607,0505, Flor	rida Statutes		
SIGNATURE	Signature, typied or pristed name of registered age:	Lamet tale at most sole (MCM)	Registered Agent signature requir	red when reinstation) DATE	-
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	5	☐ DELETE	1.1 TITLE	Change Additi	on
NAME	BLOCH, ANDREW		1.2 NAME	•	
STREET ADDRESS	8811 HAWTHORNE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	21 TITLE	Change Addition	on
NAME	KEELER, JEFFREY		2 2 NAME		
STREET ADDRESS	577 WEST 50TH STREET		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2 4 CiTY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE	Change Additi	on
NAME			3 2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		١
CITY-ST-ZIP			3.4. CITY+ST+ZIP		
TITLE		☐ DELETE	4 1 THILE	Change Additi	on
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP			4 4 CITY - ST - 7IP		\Box
TITLE		☐ DELETE	5 1 TITLE	Change Additi	an
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-\$T-2IP			5 4 CHY-ST-ZIP		_
TITLE		☐ DELETE	6 1 11TLF	Change Additi	on
NAME	i I		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-S1-ZIP		- 1

14. I hereby certify that the information surphifed 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 supplied entitle 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 of the receiver or trustee-enviowered 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 properly attachment with an alterest.

258686244

FILED

May 19 1998 8:00am

Secretary of State