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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

CITY-ST-ZIP

DOCUMENT # P9600003604 (1)
L. Corporation Name
DIGITAL ASPECTS INC.

Mailing Address Principal Place of Business 13124 FILLY COURT 13124 FILLY COURT WINDERMERE FL 34786 WINDERMERE FL 34786-7409 3. Date Incorporated or Qualified 3a. Date of Last Report 01/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 593363001 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zio 8. This corporation has liability for intangible tax under s. 199.032. Yes 25 29 Florida Statutes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LIPSCOMB, DEBRA 13124 FILLY CT. 82 Street Address (P.O. Box Number is Not Acceptable) WINDERMERE FL 34786 83 84 Zip Code 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, a manufacture 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 Agort signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition TITLE 1.1 THUE LIPSCOMBE, DEBRA A NAME 1.2 NAME 13124 FILLY COURT STREET ADDRESS 1.3 STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP 1.4 CITY - S1 - ZIP Addition DELETE Change TITLE 21 TITLE LIPSCOMBE, DERRELL G 2.2 NAME 13124 FILLY COURT STREET ADDRESS 23 STREET ADDRESS WINDERMERE FL 34786 2 4 C(TY-S1-Z)P CITY-ST-ZIP DELETE ☐ Change Addition 317ITLE TITLE LIPSCOMBIT, BRYAN S NAME 3.2 NAME 13124 FILLY COURT STREET ADDRESS 3 3 STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7/P DELETE Change Addition TITLE 5 1 1II1E NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME **63 STREET ADDRESS** STREET ADDRESS

6.4 CRY - S1 - ZIP

14. I do 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 logal 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 18 if changed, or on an attachment with an address.

BRANC 5. LIPSCOMB