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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90075 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000022185

1. Corporation Name
DIGITAL ALTERNATIVES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3666 TAMiami TRAIL NO
SUITE 202
NAPLES FL 34103
US

Mailing Address
3666 TAMiami TRAIL NO
SUITE 202
NAPLES FL 34103
US

3. Date Incorporated or Qualified
03/11/1996

4. FEI Number
65-0643875

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

9. Name and Address of Current Registered Agent

MILLS, DELBERT L
545 EAST FAIRWAY TERRACE
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name **MacAlister, Daniel L.**

82 Street Address (P.O. Box Number is Not Acceptable)
5061 Napoli Dr.

83

84 City **Naples** **FL** 85 Zip Code **34103**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Daniel L. MacAlister** **1-22-99**
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	DELETE
D	MILLS, DELBERT L	545 EAST FAIRWAY TERRACE	NAPLES FL 33940	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
President	MacAlister, Daniel L.	5061 Napoli Dr.	Naples, FL 34103	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	Mills, Delbert L.	545 Fairway Terr.	Naples, FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary/Treasurer	WASMER, Martin M.	600 5th Ave. So.	Naples, FL 34102	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: *[Signature]* **Daniel L. MacAlister** **1-22-99** **941-263-0367**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)