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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000032265 (6)

PIXEL DUST DSINE COMPANY

110	dim to Diponit Diale	-1 North Lord	T			Harrie terra ann ann ann ann		THE STATE OF THE S
	HT & DEPTH Digit		inc.			h	11.16	هجي ا
Principal Place of Business BOO N HIGHLAND AVENUE		Mailing Address						irea I
SUITE 108	NU AVENUE	800 N HIGHLAND AVENUE SUITE 108						
ORLANDO FL	32903	ORLANDO FL 32803-390	7					
						 Date Incorporated or Qualified 04/05/1996 	3a. Date of Last Re	port
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	I App	lied For
21		26				59-3383553		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	ditional
22		27					Fee Req	uired
City & Stat	e	City & State	}			6. Election Campaign Financing	\$5.00 A	fay Be
23 Zip	Country	28				Trust Fund Contribution	Added to	
24	25	Zip	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statules Salves No		
24	9. Name and Address of Curre		[30]			10. Name and Address of New Reg		
ואורו	rz, william j			81	Name	The same with residue of their rieg	Agoin	
		S. Magnolia	AVA				÷ ×	
	E-404-	_	-	82	Street A	ddress (P.O. Box Number is Not Acceptable	9)	
	ANDO FL 32803	lando, FL 328	01	83				
٠.يــ								
				84	City		FL 85 Zip Ci	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State	utes, the ab	ove	-named c	orporation submits this statement for the pu	rpage of changing its	registered
OHICE OF I	registere d agent, or both, in the State i m famili ar with, and accept the oblig	a di Fiorida. Such change was	authorized	ΙOV	the corpo	oration's board of directors. I hereby accept	the appointment as re	egistered
SIGNATURE		•						
	Signature, typed or printed name of registered ag			Age	nt signature re	equired when reinstating)	SATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	D COONCIED CUDTIC A	☐ DELETE	1110				L Change	Addition
NAME	SPONSLER, CURTIS A	FF 400	1 2 NA					
STREET ADDRESS	800 N HIGHLAND AVENUE ST	IE 108	1		ADDRESS			
CITY-ST-ZIP TITLE	ORLANDO FL 32803	DELETE	1.4 C/T		1 - ZIP		T 0.	1
NAME	SPONSLER, DEBORAH E	[] Detere	21 711				Change	Addition
STREET ADDRESS	800 N HIGHLAND AVENUE ST	TE 100	2.2 NA					
- 1	ORLANDO FL 32803	IC 100			ADDRESS			
CITY-ST-ZIP TITLE	ONCHIDO I E 32003	DELETE	2. 4 CT		T- ZIP		☐ Change	Addition
NAME			3.2 NAI				LI Change	L"] Worllion
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4 CI					
TITLE		DELETE			1-21		Change	Addition
NAME			4. 2 NAME				£ +g.	, tagiti bit
STREET ADDRESS			4.3 STREET ADDRESS		AODRESS	1		
CITY-ST-ZIP			4.4.CITY-ST-7IP			1/10	1	
TITLE		☐ DELETE	51 111LF			D, C	Change	Addition
NAME			5.2 NA	ME	į	7 / /	•	
STREET ADDRESS					ADDRESS	い が、		
CITY-ST-ZIP			5.4 CIT			J		
TITLE		☐ DELETE	6.1 TrT	_		والمراوا والمراوا والمراوا والمراوا والمراوا والمراوا والمراوا	Change	Addition
NAME			6.2 NA	ME		r いいいいしょましこ 	コン じ (1010	1
STREET ADDRESS			6.3 \$1A	KEET A	ADDRESS	7000216! -05/05/9701040 ***165.00	2 -019	ļ

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 legal effect as if made under eath; 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.

6.4 CHTY - \$1 - 2IP

CIGNATURE

The Marie of the Control of the Cont

4/24/92 (40)

(40) 425.2266

FILED

May 01 1997 8:00am

Secretary of State