SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000057546 (9) FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 21 AHII: 57

DIGITA	L ad van	TAGE, INC.								 			1
Principal Plac	e of Busines		Mailing	Address									ļ
P.O. BOX 522	2075		PO R	P.O. BOX \$22075									
LONGWOOD		75		LONGWOOD FL 32752-2075					DO NOT WOITE IN THE COACE				
									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report				
								ļ	•	3a. Dat	e or casi	. nepoit	- 1
2. Principal P	lace of Busi	ness	2a. Mail	2a. Mailing Address					07/05/1996 4. FEI Number		-TT	Applied Fo	\r
21			 1	26					59-339 <i>5</i> 49 <i>6</i>	Not Applicable			
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	П		5 Additions	
22			27						5. Certificate of Status Desired		Fee	Required	
City & Stat	.0		`	City & State				- 1	6. Election Campaign Financing	_		O May Be	
23				28					Trust Fund Contribution	<u> </u>		d to Fees	
Zip	Country 25		· · · · ·	Zip		Country			8. This corporation owes or has pain	_		Intangible No	
24	g. Name and Address of Currer			29 30 30					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
en						81	Name				.		
	ewart, Ki 1 Malden					62	0		(5.0.5)				
	NGWOOD						Street	eet Address (P.O. Box Number is Not Acceptable					
LU	HOHOOD	I L SEI SU				63							
						24	O(t)				11 -	 	
						84	City			FL	85 Zi	ip Code	
11. Pursuant	to the provi	sions of Sections 607.05	02 and 607.15	08, Florida Statut	es, the al	SOVE	-named	corpoi	ration submits this statement for the pun's board of directors. I hereby accept	rpose of	changing	its registe	red
agent. I a	registered a im fam iliar v	with, and accept the obli	gations of, Sec	otion 607.05 05 , Fl	orida Stat	utes	ine corp S.	ooratio	ris board of directors, i thereby accept	пе арро	menent i	as registere	ea
SIGNATURE													
	Signature, type	d or printed name of registered a				d Age	nt signature	required	when reinstating)	DATE	DIRECT	000 111 10	
12.		OFFICERS AND DIRECTORS DELETE			13.	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	Chang		
NAME				L. J DELECTE					VIN STEWART			· Chun	
STREET ADDRESS							ADDRESS		I MALDEN COUPT				18
CITY-ST-ZIP									NGWILLD FL 32750				
TITLE				DELETE			1-21				Chang	e 🔲 Ado	dition
NAME	}				2.2 N	ME		1					}
STREET ADDRESS					2.3 S	REET	ADDRESS						1
CITY - ST - ZIP					2.40	try-S	ST-ZIP						
TITLE				☐ DELETE	31 TI	TLE					Chang	e Add	dition
NAME					3 2 N	AME							
STREET ADDRESS]				335	REET	ADDRESS)	- A1)5				
CITY-ST-ZIP				- Classers			SY-ZIP		10/		٦.,		
TITLE				☐ DELETE	4.1 TI	TLE					Chang		1
NAME					4.2 N				2000022	456	392	C	3
STREET ADDRESS	}						ADDRESS	ļ	-07/23/9 ****165	1701	130-	-021	
C/TY-\$T-ZIP				DELETE	4.4 CC		T-ZIP		<u> </u>	<u>. UU</u>	Change Change	165.00	dilion
TITLE				D ACCEUE	5.1 Te						chang	• LJ A00	11001
NAME]				5.2 N		ADDDEGG						
STREET ADDRESS							ADDRESS]]
CITY-ST ZIP	 			☐ DELET E	5.4 CI 6.1 TI		1-215				Chang	e Add	dition
NAME .					6.2 N						0.2019	. <u></u>	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					- 6		T-ZIP						1
200 - 20 - 20					0.7 ()			1					. 1

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 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.

Thela

6611