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

DOCUMENT # P96000061638 (8)

1. Corporation Name

AUTODIGM, INC.

Principal Place of Business	Mailing Address
8511 VAN DYKE ROAD ODESSA FL 33556	8511 VAN DYKE ROAD ODESSA FL 33556-4719

3. Date Incorporated or Qualified **07/23/1996**   **3a.** Date of Last Report

4. FEI Number   ☒ Applied For / ☐ Not Applicable

2. Principal Place of Business `21`	**2a.** Mailing Address `26`	**5.** Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Suite, Apt #, etc. `22`	Suite, Apt #, etc. `27`	**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State `23`	City & State `28`	
Zip `24` Country `25`	Zip `29` Country `30`	**8.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

`81` Name Fowler, White, Gillen, Boggs, Villareal and Banker, P.A

`82` Street Address (P.O. Box Number is Not Acceptable) Attn: R. Alan Higbee

`83` 501 E. Kennedy Blvd., Suite 1700

`84` City Tampa   FL   `85` Zip Code 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____   By: R. Alan Higbee for the Firm

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS

		DELETE		**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**	Change	Addition
TITLE	PSTD	☐	1.1 TITLE		☒ Change	☐ Addition
NAME	COHEN, ROBIN		1.2 NAME			
STREET ADDRESS	8511 VAN DYKE ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (9/96)

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.

SIGNATURE: _Robin J. Cohen_   1/12/97   (813) 926-9691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #