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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P96000061638	(8)

AUTODIGM, INC.

FILED Feb 04 1997 8:00am Secretary of State

Principal Place of 8511 VAN DYKE F ODESSA FL 33556	ROAD		ddress I DYKE ROAD FL 33556-4719							
							3. Date Incorporated or Qualified 07/23/1996	3a. D	ate of Last F	Report
2. Principal Place	e of Business	2a. Mailin	g Address	***************************************			4. FEI Number		XX A	pplied For
21		26								ot Applicable
Suite, Apt #, 6	elc.	Suite,	Apt. #, etc.				6. Certificate of Status Desired	X	+	Additionat equired
City & State			State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		⊢ –	untry		8. This corporation has liability for			s. 199.032,
24	25	29		30				Yes		
	9. Name and Address of Curr	ent Registered A	Agent		81 Nan		10. Name and Address of New F	Registered	Agent	
	ILAWYER CHARTERED				81 Nan	Fowle	er, White, Gillen, Bogg	s, Villa	ereal and	d Banker.
	LMERIA AVENUE				82 Stre	et Addres	s (P.O. Box Number is Not Accept	able)		
CORAL	L GABLES FL 33134				B3	Attni	R. Alan Higber			
						501 E	. Kennedy Blvd., Suite	1700		
					84 City			FL	85 Zip	Code
41 Durayant to t	the provides of Sections 607	02 and 607 \$10	9 Etorido Ctat	itae tha a	boug pam	Tampa	ation submits this statement for the 's board of directors. I hereby acc		- 331	502
SIGNATURE	Partilla Witt, and a celebrae of	ilganore or, secin								
Sign		agent and little if applica	ible (NC	TE: Registere	Alan Hi	gbee fo	or the Firm when reinslating)	DATE	D DIDECTO	DO IN 40
12.	OFFICERS A	agent and little if applica ND DIRECTORS	ible (NC	13.	angia tnegA b	gbee for	or the Firm when reinstating) ADDITIONS/CHANGES TO OFF			
12.	PSTD PSTD		ible (NC	13.	d Agent signa	gbee fo	when reinstating)		D DIRECTOI	RS IN 12
12. TITLE F	PSTD COHEN, ROBIN		ible (NC	13. 1.1 T	xd Agent signs ITLE IAME	ature required	when reinstating)			
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To 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 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97 (813) 926-9691 Date Doylund Prone 1