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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
DESTIN DIGITAL REC

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076367 (7)

FILED Mar 23 1998 8:00am Secretary of State

DESTIN (	DIGITAL RECORDING,	INC.			864 <b>8</b> 480 Mae Gali Abi (881	
Principal Place of Business Mailing Address  39 ARNETT LANE  38 ARNETT LANE						
DESTIN FL 32541 DESTIN FL 32541				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				09/12/1996		
2. Principal Plac	ce of Business	2a. Mailing Address	/	4. FEI Number	Applied For	
21 Suite, Apt. #,	alo M/	26 Suite, Apt. #, etc.	1 M C	59-3404047	Not Applicab	
22	"///IIIC	27	7110	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	City & State	7	6. Election Campaign Financing	\$5.00 May Be	
23	U	28		Trust Fund Contribution	Added to Fees	
Zip 1	Country	Zip	Country	8. This corporation owes or has paid the		
24	25 9. Name and Address of Cur		30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No	
,	ACE, SHANNON		81 Name			
	RNETT LANE		82 Street Add	tree (D.O. Day Number is Net Assentable)		
DEST	IN FL 32541		Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		■ 85 Zip Code	
				poration submits this statement for the purpose ation's board of directors. I hereby accept the	LII	
SIGNATURE	gnaturo, hyped gymnateo narne okrogetered	com	Rogistered Agent signature requ	ired when reinstating) DAT	SF8/	
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS/A	Change Addition	
	WALLACE, JOEL S		1.2 NAME			
STREET ADDRESS	129 SUGAR COVE RD.		1.3 STREET ADDRESS			
	SANTA ROSA BEACH FL	32459	1.4 CITY - ST - ZIP			
17122	VP	DELETE	2.1 TITLE		☐ Change ☐ Addition	
	JACKSON, TIM 1155 FOREST SHORE DRI	V/E	2.2 NAME			
	DESTIN FL 32541	VE .	2.3 STREET ADDRESS			
CITY-ST-ZIP	DESTRICT DESTRI	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	- · · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME		C PRESE	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			
CrTY-ST-ZIP		The second	4.4 CITY-ST-ZIP		110	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	1 2 2 2		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME		- Postit	6.2 NAME		C CHANGE C AUGUSTON	
STREET ADDRESS			6.3 STREET AODRESS			
CITY - ST - 7IP			6.4 City-St-7/P			

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 attackment with an address.

IGNATURE:

3/3/8 (80)/CY-15