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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # POZOCOCZOGO

| Principal Place of Business | Mailing Address | |
|-------------------------------------------|--------------------------------------------------|--|
| 121 CITRUS TREE LANE LONGWOOD FL 32750 | POST OFFICE BOX 520996 LONGWOOD FL 32752-0996 | |
| 2 Principal Place of Rusiness | 2a Mailing Address | |

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90266 002 ***150.00

| 1. Corporation Name DIESKA DIGITAL DESIGN CONSULTANTS, INC. | | | | | | | | } } |) | JIF Ha ify Johan Okto | <u> </u> | |
|-----------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|----------------------------|-----------------|-------------------------------|-------------------------|-----------------|----------|-----------------------------------------------------------------------|------------------------------|--------------------------------------------------|------------------------|
| | | | | | | | | | | | | |
| Principal Plac | e of Busines | ss <u> </u> | 7 | lailing Address | | | | | | | | |
| 121 CITRUS TREE LANE POST OFFICE BOX 520996 LONGWOOD FL 32750 LONGWOOD FL 32752-0996 | | | | | | | | | | | | |
| LONGWOOD FL | L 32750 | | LC | MOWOOU FL 3 | 2/32-0990 | | | | DO NOT V | VRITE IN TH | IIS SPACE | |
| | | | | | | | | | 3. Date Incorporated or Qual | fed | | |
| | | | | | | | | | 01/24/1997 | | | |
| 2. Principal P | lace of Busi | ness | 2a | . Mailing Addr | ess | | | _ | 4. FEI Number | | | pplied For |
| 21 | | | 26 | | | | | _ | 59-3420967 | | | lot Applicable |
| Suite, Apt. | #, etc. | | - | Suite, Apt. # | , etc. | | | | 5. Certifcate of Status Desire | d 🗆 | | Additional Required |
| 22 City & Stat | | | 27 | City & State | | | | | 6. Election Campaign Finance | | | May Be |
| 23 | ie. | | 28 | only a onate | | | | i | Trust Fund Contribution | "' ⁹ 🗆 | | to Fees |
| Zip | | Country | 1 | Zip | | Country | | _ | 8. This corporation owes the | current year | Intangible | ,,, |
| 24 | | 25 | 29 | | 30 | } | _ | | Personal Property Tax. | | Yes | XNo |
| | 9. Name | and Address of Cu | rrent Regi | stered Agent | | | | | 10. Name and Address of No | w Register | d Agent | |
| | TOH AVANCED | CUARTERER | | | | 81 | Name | | | | |) |
| | :HILAWYEH :ALMERIA / | CHARTERED | | | | 82 | Street A | ddres | ss (P.O. Box Number is Not Acc | eptable) | | |
| | | S FL 33134 | | | | 00 | | | | | | |
| COR | ME GADEE | 3 FL 33134 | | | | 83 | | | | | | |
| | | | | | | 84 | 1 | | | F | | Code |
| 11. Pursuant | to the provis | sions of Sections 607. | 0502 and | 607.1508, Flori | da Statutes, | the above | e-named o | orpor | ation submits this statement for 's board of directors. I hereby a | the purpose | of changing it | s registered |
| agent. I a | registered ag am familiar w | gent, or both, in the Si rith, and accept the ob | ate of Fior digations o | f, Section 607. | ge was autho 0505, Florida | Statutes | tile corpoi | ration | s board of directors. Thereby a | coept me abi | Johnson as i | egistered |
| SIGNATURE | | | | | | | | | | | | |
| | Signature, type | d or printed name of registered OFFICERS | | | (NOTE: Reg | 13. | nt signature re | quired v | when reinstating) ADDITIONS/CHANGES TO | DATE | AND DIRECT | OPS IN 12 |
| 12. | PSTD | OFFICERS | AND DIK | | ELETE | 1.1 TITLE | | | ADDITIONS/ONANGES TO | OFFICERO | Change | |
| NAME | DIESKA, | DAVID F | | | | 1.2 NAME | | | | | | _ |
| STREET ADDRESS | | US TREE LANE | | | | 1.3 STREE | TADORESS | | | | | \ |
| CITY-ST-ZIP | F | OOD FL 32750 | | | | 1.4 CITY-S | 1 | | | | | _ } |
| TITLE | | <u> </u> | | D | ELETE | 2.1 TITLE | | | | | Change | ☐ Addition |
| NAME. | | | | | | 2.2 NAME | - [| | | | | - |
| STREET ADDRESS | | | | | | 2.3 STREET | ADDRESS | | | | | ŀ |
| CITY-ST-ZIP | | | | | | 2. 4 CITY-S | ST-ZIP | | | ~ | · · | |
| TITLE | | | | □ D | ELETE | 3.1 TITLE | 1 | | | | Change | Addition |
| NAME | | | | | | 3.2 NAME |) | | | | | } |
| STREET ADDRESS | 1 | | | | | 3.3 STREET | | | | | | |
| CITY-ST-ZIP | | <u> </u> | | | CLETE | 3,4, CITY-S | T-ZIP | | | | []Charas | ☐ Addition |
| TITLE | 1 | | | רו ח | ELETE | 41 TITLE | - | | | | Change | |
| NAME | l | | | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | 1 | | | | | 4.3 STREET | 1 | | | | | } |
| CITY-ST-ZIP TITLE | | | | D | ELETE | 4.4 CITY-S 5.1 TITLE | :-211 | | | - - | ☐ Change | Addition |
| NAME | | | | | | 5.2 NAME | 1 | | | | • | Ì |
| STREET ADDRESS | , | | | | | 5.3 STREET | ADDRESS | | | | | 1 |
| CITY-ST-ZIP | 1 | | | | | 5.4 CITY-S | T-ZIP | | | | | |
| TITLE | | | | □ D | ELETE | 6.1 TITLE | | _ | | | ☐ Change | Addition |
| NAME | | | | | | 6.2 NAME | | | • | | | |
| STREET ADDRESS | | | | | | 6.3 STREET | ADDRESS | | | | | |
| OUTS! OT THE | 1 | | | | | 64 CITY, S | T. 7ID | | | | | J |

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 eport 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 changes from an attraction of the corporation of the receiver or trustee empowered.

SIGNATURE: