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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000021837 (4)

DIGITAL DEPOT, INC.

Principal Place of Business

Mailing Address

20125 N.E. 16 PLACE

20125 N.E. 16 PLACE

FILED 98 JUN -5 PM 3: 16

SECRETARY OF STATE IALLAHASSEE, FLORIDA

MIAMI FL 33179		MIAMI FL 33179		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualified				
	4				03/10/1997				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21 201	21 NE 16 TAPlace	26 20121 N	E 16 14	PL	65-0735326			lot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		•	<u> </u>			Additional	
22		27	•		6. Certificate of Status Desired		•	leguired	
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be		
23 Mione	c FL	28 Mionic FL			Trust Fund Contribution		•	to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has pa	id the curre	nt year In	ılangible	
24 33/7		29 33/29	30 45		Personal Property Tax due June			⊒ No	
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Re	gistered Ar	jent		
INCORPORATORS PLUS, INC. 8					Name				
121	82 Street Address (P.O. Box Number is Not Acceptable)								
PL/		ST Chick Fidules (1.10. Box Holling is Not Acceptable)							
			83						
			84 City	,,			[an] 7:-	0-1-	
			led City			FL	85 Zip	Code	
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-nam	ed corpo	oration submits this statement for the p	ourpose of c	hanging i	ts registered	
agent. Lar	o giste red agent, or both, in the State In fam iliar with, and accept the oblig	o' Honda. Such change was a ations of, Section 607.0505. Flo	authorized by the orida Statules.	corporatio	on's board of directors. I hereby accep	of the appoin	ntment as	registered	
SIGNATURE	, ,	,							
SIGNATURE S	Signature, typed or printed name of registered ago	ent and little if applicable (NOTE	Registered Agent sign	lluté required	d when rainstating)	DATE	· · · · · · · · · · · · · · · · · · ·		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND E	IRECTOF	RS IN 12	
TITLE	Þ	☐ DELETE	1.1 TITLE	D	VP5		Change	★ Addition	
NAME	Le ibovitz, stev e n		1.2 NAME	1	elbouitz, Steven				
STREET ADDRESS	20125 N.E. 16 PLACE		1.3 STREET ADDRE		0121 NE 16 P/000				
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY - ST - ZIP		MIGNE FL 33179				
TITLE	D	DELETE	2 1 TITLE		PT		Change	Addition	
NAME	HOFFMAN, STEVEN		2.2 NAME	1 -	rothmon, Steven			·	
STREET ADDRESS	20 125 N.E. 16 PLACE		2.3 STREET ADDRES	s 2	0121 NE 16 TH Place			ļ	
CITY-ST-ZIP	MIAMI FL 33179		2. 4 CITY-ST-ZIP		Mooner FL 33179				
TITLE	Ď	DELETE	31 TITLE	0		L	Change	 ■ Addition	
NAME	TR OUTMAN, KEN		3.2 NAME		- Transferance hora			1	
STREET ADDRES	20 125 N.E. 16 PLACE		3.3 STREET ADDRES	s 2	0/21 NE 16 14 Place	<u>.</u>			
CITY-ST-ZIP	MIAMI FL 33179		3.4 CITY-ST-ZIP		·- Troutman, form 012) NE 16 14 Place Missic, Fl 33178				
TITLE		DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME	-				i	
STREET ADDRESS			4.3 STREET ADDRES	is	700000	coc	oz.	n	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		7000025 -06/09/9	10IM	157-Jr	117	
TITLE		DELETE	5.1 TITLE		****150	1. DR/ 1	JACHENO) F	At ition	
NAME			5.2 NAME			~~//\\	$\langle V \rangle T$		
STREET ADDRESS			5.3 STREET ADDRES	s		11 7	***		
CITY-ST-ZIP			5.4 City-St-zip			(
TITLE		DELETE	6.1 TITLE	1			Change	Addition	
NAME			6.2 NAME	-		_	-		
STREET ADDRESS			6.3 STREET ADDRES	s					
CITY-ST-ZIP			6.4 CITY - ST - ZIP						
14. Thereby co	ortify that the information supplied wi	th this filing does not qualify for	the exemption st	ated in Si	ection 119.07(3)(i), Florida Statutes. I f	lurther certif	y that the	information	
indicated o	n tris annual report of supplementa	Lannual report is frue and acci.	rate and that my	sianature	shall have the same local offect as if i	made unde	r gath: tha	allom on I	
officer or director of the corporation of 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.									

Aesdent