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 # P97000063392 (9)

FILED Mar 13 1998 8:00am Secretary of State

DVD'H INTEGRATED SOI	LUTIONS, INC.			
Principal Place of Business	Mailing Address	Mailing Address		1 1001/805 til 10111 10011 00111 00111 00121 00121 01110 11100 11100 11100 11011 1101 1101
10151 UNIVERSITY BLVD SUITE 270 ORLANDO FL 32817	10151 UNIVERSITY BLVD SUITE 270 ORLANDO FL 32817			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1997
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	26			59-3460183 Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, otc.			Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 25	y 7 ₁ p	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
KRAMER, MARK		81	Name	
10151 UNIVERSITY BLVD SUITE 250		82	Street	Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32817		83		
		84	City	FL 85 Zip Code
 office or registered agent, or both 	tions 607 0502 and 607 1508, Florida Statutos, t s, in the State of Florida. Such change was auth ept the obligations of, Section 607 0505, Florida	orized by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered

SIGNATURE (NOTE Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12.

President DELETE Change 1.1 TITLE TITLE Mark Kramer 1354 Buckingham Road Winter Park, FL 32789 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I heroby 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 enpowered 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 attacker of with an address.

SIGNATURE: