

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Oct 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000081088 (1)**  
1. Corporation Name

**THE DIGITAL TREE, INC.**

Principal Place of Business

Mailing Address

1813 NE 19TH ST  
FT LAUDERDALE FL 33305

1813 NE 19TH ST  
FT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

~~55-0803829~~ 65-0803829

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 515 NE 4th St.

Suite, Apt. #, etc.

22 City & State

23 Fort Lauderdale, FL

24 33308

Country

25 Broward

2a. Mailing Address

26 515 NE 4th St.

Suite, Apt. #, etc.

27 City & State

28 Fort Lauderdale, FL

29 33301

Country

30 Broward

9. Name and Address of Current Registered Agent

LEIBOV, HOWARD  
5320 NW 88TH AVE #102  
FT LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

81 Name

Howard Leibov

82 Street Address (P.O. Box Number is Not Acceptable)

861 NW 85th Terrace

83

# 1813

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

*Howard Leibov*  
Signature, typed or printed name of registered agent and title if applicable

Howard Leibov, Vice President

(NOTE: Registered Agent signature required when reinstating)

9/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.2 NAME STREET ADDRESS CITY-ST-ZIP

1.3 STREET ADDRESS CITY-ST-ZIP

1.4 CITY-ST-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.2 NAME STREET ADDRESS CITY-ST-ZIP

2.3 STREET ADDRESS CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.2 NAME STREET ADDRESS CITY-ST-ZIP

3.3 STREET ADDRESS CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.2 NAME STREET ADDRESS CITY-ST-ZIP

4.3 STREET ADDRESS CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.2 NAME STREET ADDRESS CITY-ST-ZIP

5.3 STREET ADDRESS CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.2 NAME STREET ADDRESS CITY-ST-ZIP

6.3 STREET ADDRESS CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 attachment with an address.

SIGNATURE:

*Howard Leibov*  
Signature, typed or printed name of registered agent and title if applicable

9/29/98

954-462-7483

CR2E034 (5/98)