


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

FILED

Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P97 0000 87883 1. Corporation Name <b>DIGITAL HIGHWAY, Inc.</b>			
Principal Place of Business <b>1100 FIFTH AVE. S. # 409 NAPLES, FL 34102</b>		Mailing Address <b>1100 FIFTH AVE. S. # 409 NAPLES, FL 34102</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>1100 FIFTH AVE S.</b> Suite, Apt. #, etc. 22 <b>409</b> City & State 23 <b>NAPLES, FL</b> Zip 24 <b>34102</b> Country 25 <b>USA</b>		3. Date Incorporated or Qualified <b>11/13/97</b> 4. FEI Number <b>59-3479853</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent 81 Name <b>PAUL A. ROQUANT J.D. P.A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1100 FIFTH AVE S. # 409</b> 83 84 City <b>NAPLES</b> FL 85 Zip Code <b>34102</b>		10. Name and Address of New Registered Agent 81 Name <b>PAUL A. ROQUANT J.D. P.A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1100 FIFTH AVE S. # 409</b> 83 84 City <b>NAPLES</b> FL 85 Zip Code <b>34102</b>	
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 <i>[Signature]</i> <b>PAUL A. ROQUANT J.D. P.A.</b> DATE <b>4/21/98</b> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>PAUL A. ROQUANT</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>1100 FIFTH AVE. S. # 409</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>NAPLES, FL 34102</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>JEFFREY COOPER</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1100 FIFTH AVE S. # 409</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>NAPLES, FL 34102</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>THOMAS SMITH</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1100 FIFTH AVE S. # 409</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>NAPLES, FL 34102</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>100002505941</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-04/30/98--01006--009</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***150.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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)(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 attachment with an address. SIGNATURE: <i>[Signature]</i> <b>PAUL A. ROQUANT J.D. P.A.</b> DATE <b>4/21/98</b> (941) 435-1900 <small>Signature and typed or printed name of signing officer or director</small>			

CR2E034 (10/97)