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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088304

1. Corporation Name

DIGITAL WORKS, INC.

Principal	Place	of	Business

Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90052 010 ***150.00



1984 DIAMOND OLDSMAR FL 3		1984 DIAMOND COURT OLDSMAR FL 34677			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/13/1997
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3475729 Not Applicable
Suite, Apt::	#, etc. * ~	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	2	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip [3	Country 30		8. This corporation owes the current year Intangible Personal Property Tax.
241	9. Name and Address of Current				10. Name and Address of New Registered Agent
		-	81	Name	
Ganger, Peggy T 1984 Diamond Court			82	Street Add	ress (P.O. Box Number is Not Acceptable)
OLDS	SMAR FL 34677		83	1	
			84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corporati	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
OIO/I//OILE	Signature, typed or printed name of registered agent			nt signature require	ed when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GANGER, PEGGY T		1.2 NAME		
STREET ADDRESS	1984 DIAMOND COURT		1.3 STREE	TADORESS	
CITY-ST-ZIP	OLDSMAR FL 34677		1.4 CITY-5	ST- ZIP	☐ Change ☐ Addition
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	GANGER, BRUCE E		2.2 NAME		
STREET ADDRESS	1984 DIAMOND COURT	The second of th	2.3 STREE	ET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677		2. 4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		D 85: 575	3.4, CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4,1 TITLE		C originge C Addition
NAME			4. 2 NAME		
STREET ADDRESS			1	TADORESS	
CITY-ST-ZIP		□ se: F76	4.4 CITY-	ST-ZIP	Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
C(TY-ST-ZIP			5.4 CiTY-5		
TITLE .	AND STANCE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .	J-5-104E-1-1-0		6.2 NAME		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.3 STREE	ET ADDRESS	
CITY, ST. 7IP	4 2, Ext. 5		6.4 CITY-5	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 repetyer 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 afterior with an appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #