## 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 # P97000095405 (1)

DXO - DIGITAL CROSSOVER SYSTEMS HOLDING, INC.

Principal Place of Business Mailing Address 1600 S. DIXIE HIGHWAY 1600 S. DIXIE HIGHWAY SUITE 300 SUITE 300 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432** BOCA RATON FL 33432 3. Date Incorporated or Qualified 11/06/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0795896 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 図 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 26 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PRUDEN, JAMES L ESQ. 370 W. CAMINO GARDENS BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 210 83 **BOCA RATON FL 33432** Zip Code 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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN \ 12. 13. DELETE Change 1.1 TITLE TITLE SCHUESSLER, GREGOR 1.2 NAME NAME SEUE STR. 43 1.3 STREET ADDRESS STREET ADDRESS 91459 MARKT ERLBACH, GERMANY CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-St-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ■ Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition ☐ DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change \_\_\_ Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this fitting 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

**SIGNATURE:** 

Block 12 or Block 13 if changed, or on an attachment with an address.

01/20/98 (561) 391-2977

**FILED** 

Mar 04 1998 8:00am

Secretary of State