

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28 1998 8:00am
Secretary of State

DOCUMENT # **P97000100424 (5)**
1. Corporation Name

THE DIGITIZING MONSTER, INC.



Principal Place of Business
**202 SOUTH ABERCORN CIRCLE
BOYNTON BEACH FL 33401**

Mailing Address
**202 SOUTH ABERCORN CIRCLE
BOYNTON BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **33436** Country

28 Zip **33436** Country

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

65-0798275

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

9. Name and Address of Current Registered Agent

**LENZA, JAMES H
202 SOUTH ABERCORN CIRCLE
BOYNTON BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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

Signature typed or printed name of registered agent and date of filing

(NOTE: Registered Agent signature required when reinstating)

DATE

7-15-98

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE
NAME **LENZA, JAMES H**
STREET ADDRESS **202 SOUTH ABERCORN CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33401**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

800002603258

-07/31/98--01001--005

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

*****150.00**

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

J. H. LENZA

J. H. LENZA

7-15-98

561-785-7781

CR2E034 (5/98)

James H. Lenza

Memorandum

PHONE 561-735-7781
FAX 561-736-3351
E-MAIL EMBMONSTER@AOL.COM
E-MAIL jhl-ltd@mail.shadow.net

Date: 7-15-85 Pages: _____

To: _____

From: _____

Re: _____

THIS IS THE FIRST TIME I
HAVE RECD THIS FROM AS YOU
CAN SEE THE ZIP CODE WAS
INCORRECT, AS PER ~~MY~~ CONVERSATION
WITH YOUR OFFICE I HAVE ENCLOSED
A CHECK FOR \$1150.00

Thank You -

J Lenza

202 South Abercorn Circle. Boynton Beach, Florida 33436



THE DIGITIZING MONSTER