

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90018 024 ***150.00

0048907

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000108725

1. Corporation Name
INTERACTIVE DIGITAL SOLUTIONS, INC.

Principal Place of Business 4454 HOLLYGATE DRIVE JACKSONVILLE FL 32258	Mailing Address 4454 HOLLYGATE DRIVE JACKSONVILLE FL 32258
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11241 W. Atlantic Blvd.	2a. Mailing Address 26 11241 W. Atlantic Blvd.
Suite, Apt. #, etc. 22 # 306	Suite, Apt. #, etc. 27 # 306
City & State 23 Coral Springs, FL	City & State 28 Coral Springs, FL
Zip 24 33071	Country 25 USA
Zip 29 33071	Country 30 USA

3. Date Incorporated or Qualified 12/30/1997	
4. FEI Number 59-3488874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DRAUGHON, RICHARD S
200 WEST FORSYTH STREET
SUITE 1730
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name MICHAEL A DENCZEK	
82 Street Address (P.O. Box Number is Not Acceptable) 4454 Hollygate Drive MD.	
83 11241 West Atlantic Blvd. #306	
84 City Coral Springs	85 Zip Code FL 33071

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 Michael Denczek, President DATE 3/8/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME DENCZEK, MICHAEL	
STREET ADDRESS 4454 HOLLYGATE DRIVE	
CITY-ST-ZIP JACKSONVILLE FL 32258	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Michael Denczek	
1.3 STREET ADDRESS 11241 W. Atlantic Blvd. # 306	
1.4 CITY-ST-ZIP Coral Springs, FL 33071	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Michael Denczek, Michael Denczek DATE: 3/8/99 DAYTIME PHONE #: 954-227-2262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)