

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**  
04-06-1999 90011 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000000893**

1. Corporation Name

**DIGITAL IMAGE WORKS, INC.**

Principal Place of Business

**131 S COURTENAY PKWY  
MERRITT ISLAND FL 32952**

Mailing Address

**131 S COURTENAY PKWY  
MERRITT ISLAND FL 32952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/02/1998**

4. FEI Number

**59-3486157**

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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**24**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**29**  
Zip

**30**  
Country

9. Name and Address of Current Registered Agent

**FREDERICK, WILLIAM L  
131 S COURTENAY PKWY  
MERRITT ISLAND FL 32952**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **FREDERICK, WILLIAM L**  
STREET ADDRESS **131 S COURTENAY PKWY**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **D** ☐ DELETE  
NAME **FREDERICK, RENEE S**  
STREET ADDRESS **131 S COURTENAY PKWY**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

*William L. Frederick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/30/99*  
Date

*407 452 2400*  
Daytime Phone #

CR2E034 (5/99)

PC8000000895  
90015  
601910 - Packet #



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131 S. Courtenay Pkwy.  
Merritt Island, Florida 32952

(407) 452-2800 • Fax (407) 452-7339

Dear Lisa,

24 July 1999

This letter is in response to the missing information on my original corporation filing.  
The fees had been paid on time.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bill Frederick".

Bill Frederick  
Owner, PIP Printing