

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90140 039 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000019498**

1. Corporation Name
DIGITAL COMMUNICATIONS USA, INC.



Principal Place of Business
**7550 CITRUS HILL LANE
 NAPLES FL 34109**

Mailing Address
**7550 CITRUS HILL LANE
 NAPLES FL 34109**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 6017 PINE RIDGE RD.		03/02/1998	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 NAPLES, FL		650817595	
24 Country		29 34109-3956		Applied For	
		30 US		Not Applicable	
5. Certificate of Status Desired				8. This corporation owes the current year Intangible Personal Property Tax.	
<input type="checkbox"/>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution				5. Additional Fee Required	
<input type="checkbox"/>				\$8.75	
7. This corporation owes the current year Intangible Personal Property Tax.				6. Additional Fee Required	
<input type="checkbox"/>				\$5.00	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name			
				GAIL HOEY			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				6017 PINE RIDGE RD			
				83			
				SUITE 189			
				84 City			
				NAPLES			
				85 Zip Code			
				FL 34109			

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: Gail Hoey DATE: 4-20-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	'STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEY, GAIL A	1.2 NAME	
STREET ADDRESS	7550 CITRUS HILL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] DATE: 4-20-99 DAYTIME PHONE #: 941-596-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)