

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00
**PROFIT
CORPORATION
ANNUAL REPORT
1999**

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

FILED

99 MAR 10 PM 2:13

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
DOCUMENT # P98000032158
 1. Corporation Name
DIGITAL REALM, INC.

 Principal Place of Business
 4739 NORTHWEST 114TH LANE
 SUITE 200
 CORAL SPRINGS FL 33076

 Mailing Address
 4739 NORTHWEST 114TH LANE
 SUITE 200
 CORAL SPRINGS FL 33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1998

4. FEI Number

65-0826402

 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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

 24 Zip Country
 25

 28 Zip Country
 30

9. Name and Address of Current Registered Agent

 AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 607.4502 and 607.4508, 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 607.0504, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

2-3-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

 PSTD
 LABATE, MICHAEL N
 4739 NORTHWEST 114TH LANE
 CORAL SPRINGS FL 33076

 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
☐ Change ☐ Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

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

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

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

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

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

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

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

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

 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 supplementary 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL N. LABATE 2-3-99 954-629-4109

Date

Daytime Phone

CR2E034 (1/98)