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

DOCUMENT # P98000034131 Corporation Name

DIGALOG, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90131 031 ***150.00



Principal Place	of Business	Mailing Address				* 18841884 114 (818) (814) 88111 83(6) 88(6)			
46 N. WASHINGTON BLVD. #1 46 N. WASHINGTON BLVD. #1					}				
SARASOTA FL	34236	SARASOTA FL 34236				DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualifed A 140 140 09			
						04/13/1998		Applied For	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 65-0848263		Applied For Not Applicable	
	WHITE TAIL LANE	Suite, Apt #, etc				55-0013202	\$8.7	75 Additional	
Suite, Apt. :	#, etc	27 Suite, Apr. #, etc.				5. Certificate of Status Desired	Fee	e Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees			,		
23 SARAS							led to Fees		
Zip	Country	Zip	Count		8. This corporation owes the current year Intangible Personal Property Tax [L/No		IIXNa		
₂₄ 34238			30	0		Personal Property Tax. 10. Name and Address of New Regist			
	9. Name and Address of Current	Registered Agent	8	1 Name		TO. THATTE AND POORESS OF ITEM NEGIST			
PATI	erson, John								
46 N. WASHINGTON BLVD. #1			8	2 Stree	et Address	Address (P.O. Box Number is Not Acceptable)			
SAR	ASOTA FL 34236			3					
			8	'	-		FL	Zip Code	
office or re	egistered agent, or both, in the State on the state of the colligation and accept the obligation in the state of the colligation and accept the colligation and the state of the collins are t	of Florida, Such change was lions of, Section 607,0505, Fl	authorized b orida Statute	y the cor	poration s	tion submits this statement for the purpo board of directors. I hereby accept the	арропинен а	s registered	
				ustered Agent signature required where reinstating DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	D XX DELETE			1 : TITLE		Abarrioris di Milaco de di Linez.	☐ Cha		
NAME	PATTERSON, JOHN	A EL BEILL	12 NAMI						
STREET ADDRESS	46 N. WASHINGTON BLVD. #1		0	ET ADDRES	is				
CITY-ST-ZIP	SARASOTA FL 34236		14 CITY		.				
TITLE	OATIAGOTA LE GAZGO	☐ DELETE	2 1 TITLE		D/I	•	☐ Cha	nge XXAddition	
NAME		-	2.2 NAMI		-	STAT, MANFRED		••••	
STREET ADDRESS			•	ET ADDRES		21 WHITE TAIL LANE			
CITY-ST-ZIP			2 4 CITY			RASOTA_FL_34238_			
TITLE		☐ DELETE	3 11116		D/1		Cha	inge X.X ^cldition	
NAME			32 NAM			JE, THOMAS			
STREET ADDRESS			Ħ	ET ADDRES		1 WHITE TAIL LANE			
CITY-\$T-ZIP			34 CITY			ASOTA FL 34238_			
TITLE		☐ DELETE	4 1 TITLE		S	~	Cha	inge X-X Addition	
NAME			4 2 NAN	E.	1 -	E, HILDEGARD G.			
STREET ADDRESS			43 STRE	ET ADDRES		21 WHITE TAIL LANE			
CITY-ST-ZIP			4.4 CITY	ST-ZIP	- 1	ASOTA FL 34238			
TITLE		☐ DELETE	5 1 TITLE		JA	TOUTH FU STESSO	☐ Cha	inge Addition	
NAME			5.2 NAM						
STREET ADDRESS			53 STRE	ET ADDRES	ss				
CITY-ST-ZIP			54 CITY	ST-ZIP					
TITLE		☐ DELETE	6 1 7171.6				☐ Cha	inge Addition	
NAME .			6.2 NAM						
STREET ADDRESS			63 STR	ET ADDRES	ss				
CITY-ST-ZIP			64 CITY	ST-ZIP					
				 -		tion 110 07/31/3) Florida Statutos I furth	ar contifue that	the information	

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 refereiver 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 atlactment with an address, with all other like empowered.

SIGNATURE: _

THOMAS DAVE OTRECTOR TREASURER

Daytime Phone #

922~5833

(941)