

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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90085 014 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000056953

1. Corporation Name  
DIGITAL COMMUNICATIONS LIMITED, INC.



Principal Place of Business  
1122 N. MAIN STREET, STE. A  
KISSIMMEE, FL 34741  
~~669 Lancaster~~

Mailing Address  
1122 N. MAIN STREET, STE. A  
KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1998

4. FEI Number

59-3510299

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

21 669 Lancaster Rd

2a. Mailing Address

26 669 W Lancaster Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando Florida

City & State

28 ORL, FL

Zip

24 32809

Country

25 orange

Zip

29 32809

Country

30 US

9. Name and Address of Current Registered Agent

JOHNSON, CLEO

1122 N. MAIN STREET, STE. A  
KISSIMMEE, FL 34741

President

10. Name and Address of New Registered Agent

81 Name

Cleo Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

669 Lancaster Rd

83

84 City

Orlando

FL

85 Zip Code

32789

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.

(CLEO) SIGNATURE Cleo Johnson

Signature, typed or printed name of registered agent and title if applicable.

(Cleo Johnson)

(NOTE: Registered Agent signature required when reinstating)

3-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

Carl Schafer  
Vice President  
2251 Stonehedge Loop  
Kissimmee FL 34743

TITLE NAME ☐ DELETE

Manly O'Keefe  
669 Lancaster Rd  
Orlando FL 32789

TITLE NAME ☐ DELETE

Cleotha Johnson  
616 W LaVon Ave  
Kissimmee FL 34741

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ 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, with all other like empowered.

SIGNATURE: Cleo Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99  
Date

407-935-1080  
Daytime Phone #

CR2E034 (11/98)

0504524