: DFIT CORPORATION ANNUAL REPORT



Mailing Address

4726 SPRINGMEADOW LANE SARASOTA FL 34233

DOCUMENT # P98000057711

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

Principal Place of Business

4726 SPRINGMEADOW LANE

DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90276 001 ***150.00



outperson reasons	
ZAP COMMUNICATIONS, INC.	

SARASOTA FL 34233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/29/1998 Appl ed For 2. Principal Place of Business 2a. Mailing Add Not Applicable 1808 CORTEZ RD. W. 26 \$8.75 Additional Suite, Art. #, etc. 5. Certificate of Status Desired Fee Required # 1C18 27 22 \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 8. This co-poration owes the current year Intangible []No USA Personal Property Tax. 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name awrenge 7 SILBERSTEIN, DAVID M Ad Iress (P.O. Box Number is Not Acceptable) 82 720 SOUTH ORANGE AVENUE SARASOTA FL 34236 83 4.108 84 City 85 BRADENTON 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familial with, and accept the obligations of, Section 607.0505, Florida Statutes. President ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Director/Pags. Lawrence T. Morri Addition Change DELETE TITLE 12 NAME NAME 1803 CORTEZ RD.W. #103 13 STREET ADDRESS STREET ADDRESS BRADENTON, FL 34207 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE T DELETÉ TITLE 6.2 NAME NAME

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 '2 or Block 13 if changed, or on an with all other like empowered

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

No.30) Pass 4/2/99/94

CR2E034 (11/98)