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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P98000066301

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90106 009 ***150.00

morjo	DIGITAL, INC.				
Principal Place	of Business	Mailing Address		T (MB) IND I IN I	PIN BILLE ALISES IN IL ABIOL 1181 INDI
445 30TH AVE 445 30TH AVE		445 30TH AVE WEST PALM BEACH FL 33407		DO NOT WRITE IN TH	JIC CDACE
				3. Date Incorporated or Qualifed	110 SPACE
				07/27/1998	
2 Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
	AULINA RD	26 605 PAULINA	$\mathcal{R}_{\mathcal{D}}$	65-0853858	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	1,0,		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	TED EI	City & State 28 JUPITER		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country	8. This corporation owes the current year	
Zip 3341		29 33477 30	USA	Personal Property Tax.	Yes No
24 559	9. Name and Address of Current			10. Name and Address of New Register	ed Agent
	5. Halle and Address of Carter	Trogistoreo Agent	81 Name	• • • • • • • • • • • • • • • • • • • •	
KEAF	RNEY, JENNIFER			KEARNEY, JENNIFE	:/
	30TH AVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	T PALM BEACH FL 33407		83	2000 // 00-1.4/1 / 10-	
	,		84 City	PITER F	·L 85 多ダファー
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was author	ized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agen		tered Agent signature require		
SIGNATURE	OFFICERS AN	D DIRECTORS	13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
	OFFICERS AN	D DIRECTORS DELETE 1	13. .1 TITLE		AND DIRECTORS IN 12 Change Addition
12.	OFFICERS AN PTD RINEARSON, ROBERT	D DIRECTORS DELETE 1	13. .1 TITLE 1.2 NAME		
12. TITLE	PTD RINEARSON, ROBERT 445 30TH AVE	D DIRECTORS DELETE 1	13. .1 TITLE		
12. TITLE NAME	OFFICERS AN PTD RINEARSON, ROBERT	D DIRECTORS DELETE 1 1	13. .1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
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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:

RECEIVATINE RESERVED REARSON INDICATED IN A PROPERTY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-99