

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S18475** (1)  
1. Corporation Name  
**DICAM, INC.**



Principal Place of Business  
**21301 POWERLINE ROAD  
SUITE 309  
BOCA RATON FL 33433  
US**

Mailing Address  
**P.O. BOX 812033  
BOCA RATON FL 33481-2033  
US**

3. Date Incorporated or Qualified **12/10/1990** 3a. Date of Last Record **01/25/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0233342</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Country	29. Country			
25. Country	30. Country			

9. Name and Address of Current Registered Agent

**LAPP, GERHARD  
2501 N.W. 46TH ST.  
3484 PINEHAVEN CIR.  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name **LAPP, Gerhard**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**20802 Ramita Tr.**  
83.   
84. City **Boca Raton** FL 85. Zip Code **33433**

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.

SIGNATURE *Gerhard Lapp* **Gerhard Lapp** VTS DATE **1/18/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VTS</b>	1.1 TITLE	<b>VTS</b>
NAME	<b>LAPP, GERHARD</b>	1.2 NAME	<b>LAPP GERHARD</b>
STREET ADDRESS	<b>3484 PINEHAVEN CIR.</b>	1.3 STREET ADDRESS	<b>20802 Ramita Tr.</b>
CITY-STATE-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-STATE-ZIP	<b>BOCA RATON FL 33433</b>
TITLE	<b>P</b>	2.1 TITLE	<b>P</b>
NAME	<b>LEWIS, MEREDITH</b>	2.2 NAME	<b>LEWIS MEREDITH</b>
STREET ADDRESS	<b>2466 BRUSHRUN RD.</b>	2.3 STREET ADDRESS	<b>793 Colbert Bridge Rd.</b>
CITY-STATE-ZIP	<b>WASHINGTON PA</b>	2.4 CITY-STATE-ZIP	<b>Windsor, SC 29856</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE *Gerhard Lapp* **Gerhard Lapp** DATE **1/18/96** DAYTIME PHONE # **407 4871880**

CR2E034 (12/95)