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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03286

(4)

HONDA DIGITAL, INC.

## FILED May 06 1998 8:00am Secretary of State

HUNU	A DIGNAL, I	NU.										
Principal Plac	e of Business		Mailing /	Address						T BIEGI BIBIK	CHEM DIBIL HOUR	
1083 KELSE OVIEDO FL				1063 KELSEY AVENUE OVIEDO FL 32765								
									DO NOT WRITE IN THIS:	SPACE		
								ļ	3. Date Incorporated or Qualified 12/31/1991			
2. Principal F	lace of Business	3	2a. Mailu	ng Address					4. FEI Number		Applied For	
21		26	26					59-3070983 Not Applicat				
Sulte, Apt. #, etc.			Suite, Apt #, etc.						5. Certificate of Status Desired \$8.75 Additional			
22			27						5. Certificate of Status Desired	Fee	Required	
City & Stat	te		City &	& State					6. Election Campaign Financing		<b>00</b> May Be	
23			28		T				Trust Fund Contribution	Add	ed to Fees	
Zip	ļ	Country I	Zip		<b>├</b> ──¬	intry	/	l	8. This corporation owes or has paid the cur			
24	25		29		30	1				Yes	∐ No	
		d Address of Curre	nt Registered	Agent		81	Name		10. Name and Address of New Registered	Agent		
	LAGROS R. H					0'	Name					
1063 KELSEY AVE.				82			Street A	Addres	ess (P.O. Box Number is Not Acceptable)			
O)	<b>MEDO</b> FL 3276	<b>35</b>				83	<del> </del>	——			<del></del>	
						63						
						84	City		P= 1	85 Z	ip Code	
				00 El : 1 O: -			<u> </u>		FL pration submits this statement for the purpose of	بلبا		
office or a agent. I a	registered agent	, or both, in the Stat and accept the oblig	e of Florida. Su	ch change was	authorize	d by	v the corp	oratio	on's board of directors. I hereby accept the app	ointment	as registered	
SIGNATURE	Signature, typical or pa	onted name of registered as	ornt and little if applie	able. (NO	Tt Registere	d Age	ent signature	required	d when reinstating) DATE			
12,		OFFICERS AN	ND DIRECTORS	3	13.	-			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TALE	DVP			DELETE	1.1 (	TLE				☐ Chan	ge 🔲 Addition	
NAME		ilagros R.			1.2 N	AME	ĺ					
STREET ADDRESS		EY AVENUE			1,3 \$	TREET	ADDRESS					
CITY-ST-ZIP	OVIEDO FL	<u> </u>			1.4 C	HY-S	ST - ZIP					
TITLE				DELETE	2.1 T	TLE				Chang	ge 🔲 Addition	
NAME	l				22 N	AME	l					
STREET ADDRESS					235	TREET	ADDRESS					
CITY-ST-ZIP			<del></del>				ST-ZIP					
TITLE				DELETE	3.1 Ta	TLE				Chang	ge 🔲 Addition	
NAME					3.2 N	AME	ŀ					
STREET ADDRESS	ļ				3.3 S	FREET	ADDRESS					
CITY-ST-ZIP	<b></b>						S1 - ZiP			7-1	· · · · · · · · · · · · · · · · · ·	
TITLE				∐ DEL€1E	4.1 TI	TLE	j			Chang	ge 🔲 Addition	
NAME					4.2 N		ĺ					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	ļ_ <del>_</del>			Driege			ST - ZIP			T 1 A		
TITLE				DELETE	511					Chang	ge 🔲 Addition	
NAME					5.2 N							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				Driese			ST-ZIP			T 1 04.	an Tadass	
TITLE	1			DELETE	6.1 11		ļ			Chang	ge	
NAME	ļ				6.2 N							
STREET ADDRESS	1						ADDRESS					
CITY-ST-ZIP	1				6.4 C	ITY-S	T-ZIP					

14. Thereby 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attackment with a process.

This was

11/20/00

401.3/6-0003