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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V11453** 

(0)

DIGITAL DECISIONS, INC.							
Principal Place of Business 1815 N. US 1 SUITE 59 XXXX FL 32926	Mailing Address 3815 N US 1 SUITE 59 COCOA FL 32926-5946	3815 N US 1 SUITE 59					
\$	US				d 3a. Date of Last Report 03/26/1996		
2. Principal Place of Business	2a. Mailing Address	us 1	4. FEI Number 59-3119027			plied For t Applicable	
11 11 29 5, 115 # 1 Suite, Apt #, etc.	Suite, Apt. #, etc.	45 <del>4</del>		[	\$8.75		
2	27		5. Certificate of Status De	sired	Fee Re	quired	
Rockledge FL	City & State	FL	Election Campaign Fin     Trust Fund Contribution	· —	\$5.00 Added t		
Zip Country	Zip	Country	8. This corporation has lia			199.032	
1 32955 [25] US 9. Name and Address of Cur		30 42	Florida Statutes  10. Name and Address o	Yes			
	tellt uadistaled wastr	61 Name	IV. Name and Address o	I wan vafisteren	Agent		
RUSSELL, JERRY 4390 SUGAR MAPLE CT.							
TITUSVILLE FL 32780		82 Street /	Address (P.O. Box Number is Not	Acceptable)			
THOUSELLE I'E GETOU		83				· · · · · · · · · · · · · · · · · · ·	
		84 65	· · · · · · · · · · · · · · · · · · ·		lee   7:- (		
		84 City		FL	<b>85</b> Zip (		
1. Pursuant to the provisions of Sections 607.6	0502 and 607.1508, Florida Statute	es, the above-named	corporation submits this statemen	t for the purpose of	of changing it:	s registere:	
		es, the above-named authorized by the corp orida Statutes.  Registered Agent signature		I for the purpose of aby accept the ap	of changing its pointment as	s registered registered	
Signature Signature, typed or profess name of registered  2. OFFICERS	ragent and title if applicable (NOTE AND DIRECTORS		required when reinstating) ADDITIONS/CHANGES	DATE	ID DIRECTOR	RS IN 12	
Signature Signature, typied or printed name of registered  2. OFFICERS THE P	ragant and title if applicable (NOTE	13.	required when reinstaling)	DATE		RS IN 12	
SIGNATURE Signature, typed or protect name of registered  COFFICERS  TILE  P  RUSSELL, JERRY	ragent and title if applicable (NOTE AND DIRECTORS	13. 1.1 TITLE	required when reinstaling)  ADDITIONS/CHANGES  PD	DATE	ID DIRECTOR	RS IN 12	
Signature Signature, typed or perillar name of registered C. OFFICERS TILE PRUSSELL, JERRY 3815 N. US #1 #59	ragent and title if applicable (NOTE AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES PD  129 S. US #1	DATE TO OFFICERS AN	ID DIRECTOR	RS IN 12	
Signature Signature, typed or printed name of registered  2. OFFICERS  TILE  AME  TREEL ADDRESS  TRY  3815 N. US #1 #59  COCOA FL	agent and little if applicable (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstaling) ADDITIONS/CHANGES PD  1129 S. VS ¥1 Rockledge FL 36	DATE	ID DIRECTOR	RS IN 12	
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Signature  Signature, typed or protect name of registered  Cofficers  The  RUSSELL, JERRY  3815 N. US #1 #59  COCOA FL  V  RUSSELL, SHARON  3815 N US #1 #59  COCOA FL  V  RUSSELL, SHARON  3815 N US #1 #59  COCOA FL	agent and little if applicable (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	required when reinstaling)  ADDITIONS/CHANGES  PD  1129 S. US #1  Rockledge FL 33  VD  1129 S. US #4	DATE TO OFFICERS AN	D DIRECTOR Change Change	RS IN 12	
Signature  Signature, typed or parted name of registered  Cofficers  Free ame  RUSSELL, JERRY  3815 N. US #1 #59  COCOA FL  V  RUSSELL, SHARON  3815 N. US #1 #59  COCOA FL  TY-ST-ZIP  OCOCOA FL  TY-ST-ZIP  OCOCOA FL  DST	agent and little if applicable (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	required when reinstaling)  ADDITIONS/CHANGES  PD  1129 S. US #1  Rockledge FL 33  VD  1129 S. US #4	DATE TO OFFICERS AN	ID DIRECTOR Change	RS IN 12 Addition	
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SIGNATURE Signature, typed or protect name of registered  12. OFFICERS  PRUSSELL, JERRY  3815 N. US #1 #59  COCOA FL  VAME  VAME  STREET ADDRESS CITY-ST-ZIP  UTLE  VAME  VAME  STREET ADDRESS CITY-ST-ZIP  UTLE  VAME  STREET ADDRESS CITY-ST-ZIP  UTLE  VAME  STREET ADDRESS CITY-ST-ZIP  UTLE  VAME	Jagont and title if applicable (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	required when reinstaling)  ADDITIONS/CHANGES  PD  1129 S. US #1  Rockledge FL 33  VD  1129 S. US #4  Rockledge FL 33  VSTO  1129 S. US #4	DATE TO OFFICERS AN  1955	D DIRECTOR Change Change Change	Additio	
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