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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V70161 **DOCUMENT #**

(7)

| | PIGITAL, INC. | | ··· - | | | | | | |
|---|--|---|---|--|--|---|---|--------------------------------|--|
| Principal Place | of Business | Mailing Address | | | | 1 18811 Attibite 18811 Miller 11816 Atti | , (187 4181) V I | B.A.C. | |
| % MEXTEL C/O NEXTEL 201 RT 17 NORTH 201 ROUTH 17. N. RUTHERFORD NJ 07070 RUTHERFORD NJ 07070-2: | | | | 574 | | Date Incorporated or Qualified | T3a Date | e of Last Re | hoos |
| US | | US | | | | 10/07/1992 | 1 . | 5/01/199 | |
| 2. Principal Pla | ace of Business | 2a. Malling Address | | | | 4. FEI Number | -4 | | Applied For |
| 21 | | 26 | | | | 59-3163976 | | | Not Applicable |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Fee F | Additional Required |
| City & State | 9 | City & State | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | Cour | nto. | | Trust Fund Contribution 8. This corporation has liability for | | | 199.032. |
| Zip | Country | Zıp | 30 | ritry | | | intenglibre o S Man No | ax brider b | 100.002, |
| 4 | 25 9. Name and Address of Curre | | 1301 | | | 10. Name and Address of New I | | Agent | |
| | g, Hamo and Hamoso or our | | | B1 1 | Name | | | | |
| | PRATION SERVICE COMPANY | | } | 82 8 | Street Addre | ss (P.O. Box Number is Not Accepta | ble) | | |
| 1201 HAYS STREET | | | ŀ | 83 | | | | | |
| TALLAH | HASSEE FL 32301-2525 | | Į | | | | | 100 30 | . 0-3- |
| | | | | 84 (| City | | FL | _ 85 Zip | o Code |
| or register familiar wi | red agent, or both, in the State of Flo ith, and accept the obligations of, Se Signature typed or printed harve of registered age | orida. Such change was authorization 607.0505, Florida Statutes | ea by the c | corpora | ation's board | ntion submits this statement for the put d of directors. I hereby accept the app | DATE | | |
| | | | | | | | | | |
| 12. | OFFICERS A | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECTO | |
| 12. TITLE | OFFICERS A | | | | Vic | ADDITIONS/CHANGES TO OF | | Change | □ Addition |
| | VPD O'BRIEN, MORGAN E. | ND DIRECTORS | 13. | ITLF | V (0 | ADDITIONS/CHANGES TO OF | | Change | □ Addition |
| TITLE | VPD | ND DIRECTORS | 13. 1.1 TI 1.2 N | ITLF | Vic O'B DDRESS | ADDITIONS/CHANGES TO OF | | Change | Addition |
| TITLE NAME | VPD O'BRIEN, MORGAN E. | ND DIRECTORS DELETE N.W., SUITE 1001 | 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI | ITLF AME TREET AC | DDRESS 80 | ADDITIONS/CHANGES TO OF CE-CHRIRMAN, DIREC RIEN, MORGAN E. RIEN, MORGAN E. RIENTICUT AN | Er, D. | M Change いっらい | □ Addition TK 100 20006 |
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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 trusted 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 on an attachment with an address.

SIGNATURE: X

DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOTAL A. VELE 4(22/96 (201)438-1400

Deprinted NAME OF SIGNING OFFICER OR DIRECTOR