

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 # **F94000005406 (3)**

1. Corporation Name

ON-LINE COMMUNICATIONS, INC. OF N.J.



Principal Place of Business

Mailing Address

25 KILMER DR.
BLDG. 3, SUITE 217
MORGANVILLE NJ 07751

25 KILMER DR.
BLDG. 3, SUITE 217
MORGANVILLE NJ 07751

3. Date Incorporated or Qualified **10/18/1994** 3a. Date of Last Report **10/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number **22-3322987** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22

27

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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Zip Country

Zip Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMARIA, WILLIAM
504 EAGLETON COVE TER.
PALM BEACH FL 33418

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and the corporation

(Note: Registered Agent signature is not required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIZRAHI, SCOTT	
STREET ADDRESS	25 KILMER DR.	
CITY-ST-ZIP	MORGANVILLE NJ 07751	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEMARIA, WILLIAM	
STREET ADDRESS	25 KILMER DR.	
CITY-ST-ZIP	MORGANVILLE NJ 07751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1707 Atlantic Ave. Suite 3
1.4 CITY-ST-ZIP	Manasquan, NJ 08736
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1707 Atlantic Ave. Suite 3
2.4 CITY-ST-ZIP	Manasquan, NJ 08736
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 supplement, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Scott Mizrahi

SCOTT MIZRAHI

3/1/96

(903) 972-1444

Dis. Phone #

CR2E034 (12/95)