

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P34272 (5)**

1. Corporation Name
DIAL SERVICES, LTD., INC.



Principal Place of Business	Mailing Address
855 SOUTH FEDERAL HIGHWAY STE. 200 BOCA RATON FL 33432	855 SOUTH FEDERAL HIGHWAY STE. 200 BOCA RATON FL 33432

3. Date Incorporated or Qualified 06/11/1991	3a. Date of Last Report 09/29/1995
4. FEI Number 65-0255683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**ROBERTSON, KENNETH H.
855 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRASER, ROBERT L.	
STREET ADDRESS	C/O 855 S. FEDERAL HWY., STE. 200	
CITY-ST-ZIP	BOCA RATON FL 33432-6133	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CASE, WELDON W	
STREET ADDRESS	855 S. FEDERAL HWY., STE. 200	
CITY-ST-ZIP	BOCA RATON FL 33432-6133	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, KENNETH H.	
STREET ADDRESS	855 S. FED. HWY, #200	
CITY-ST-ZIP	BOCA RATON FL 33432-6133	
TITLE	V	<input type="checkbox"/> DELETE
NAME	IVESDAL, TRYGUE A	
STREET ADDRESS	855 S. FEDERAL HWY., STE. 200	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: **Kenneth H. Robertson** *Kenneth H. Robertson* 1/25/96 (407) 367-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)