SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000061203 (3)**

1. Corporation Name
311 DIRECT, INC.

Principal Place of Business
TWO SOUTH UNIVERSITY DR., STE. 325
PLANTATION FL 33324

Mailing Address
TWO SOUTH UNIVERSITY DR., STE. 325
PLANTATION FL 33324

3. Date Incorporated or Qualified: **08/19/1994**
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **62-1576041** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent
FIRESTONE, GEORGE
TWO SOUTH UNIVERSITY DR., STE. 325
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name: MR. JEFFREY P. WASSERMAN
82 Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood. BLVD
83 SUITE 710 NORTH
84 City: HOLLYWOOD FL 85 Zip Code: 33021

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: JEFFREY P. WASSERMAN — 7/1/96
Signature and/or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	■ DELETE
NAME	FIRESTONE, GEORGE	
STREET ADDRESS	10414 BERMUDA DR.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	C	☐ DELETE
NAME	BOSEM, SANFORD	
STREET ADDRESS	3300 NE 192 ST. #1602	
CITY-ST-ZIP	AVENTURA FL	
TITLE	C	☐ DELETE
NAME	KROP, DAVID	
STREET ADDRESS	2001 NE 195 DR.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	P	☐ DELETE
NAME	FIRESTONE, NOLA	
STREET ADDRESS	10414 BERMUDA DR.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	■ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	■ Change ☐ Addition
3.2 NAME	KROP, DAVID	
3.3 STREET ADDRESS	19977 EAST COUNTRY CLUB DR.	
3.4 CITY-ST-ZIP	N. MIAMI BEACH FL	
4.1 TITLE	V/S/T	■ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID KROP — 6-14-96 — 954-475-3111 EXT 231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #