

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33324-3307



3. Date Incorporated or Qualified  
08/19/1994

3a. Date of Last Report  
07/08/1996

2. Principal Place of Business  
21 16711 NE 17th COURT  
Suite, Apt. #, etc.

22 City & State  
23 NORTH MIAMI BEACH, FL

24 33167 25 Country  
26 16711 NE 17th COURT  
Suite, Apt. #, etc.

27 City & State  
28 N. MIAMI BEACH, FL

29 33167 30 Country  
9. Name and Address of Current Registered Agent

WASSERMAN, JEFFREY P  
4000 HOLLYWOOD BLVD  
SUITE 710 NORTH  
HOLLYWOOD FL 33021

4. FEI Number  
62-1576041

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FIRESTONE, GEORGE			1.2 NAME			
STREET ADDRESS	10414 BERMUDA DR.			1.3 STREET ADDRESS			
CITY - ST - ZIP	COOPER CITY FL			1.4 CITY - ST - ZIP			
TITLE	V	DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOSEM, SANFORD			2.2 NAME			
STREET ADDRESS	3300 NE 192 ST. #1802			2.3 STREET ADDRESS			
CITY - ST - ZIP	AVENTURA FL			2.4 CITY - ST - ZIP			
TITLE	P	DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KROP DAVID			3.2 NAME			
STREET ADDRESS	19877 EAST COUNTRY CLUB DR			3.3 STREET ADDRESS			
CITY - ST - ZIP	N MIAMI BEACH FL			3.4 CITY - ST - ZIP			
TITLE	VST	DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FIRESTONE, NOLA			4.2 NAME			
STREET ADDRESS	10414 BERMUDA DR.			4.3 STREET ADDRESS			
CITY - ST - ZIP	COOPER CITY FL			4.4 CITY - ST - ZIP			
TITLE		DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DAVID KROP DATE: 3-21-97 305-941-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)