

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

**FILED**  
**Apr 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000061203 (3)**

1. Corporation Name  
**311 DIRECT, INC.**



Principal Place of Business 16211 NE 12TH CT N MIAMI BEACH FL 33162 US	Mailing Address 16211 NE 12TH CT N MIAMI BEACH FL 33162 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 107 S. 8TH STREET	22	26 107 S. 8TH STREET	27	08/19/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				62-1576041	Not Applicable
23 PHILADELPHIA, PA.		28 PHILADELPHIA, PA.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 19106	25 USA	29 19106	30 USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WASSERMAN, JEFFREY P 4000 HOLLYWOOD BLVD SUITE 710 NORTH HOLLYWOOD FL 33021				81 Name <b>FRED COHEN</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2716 NE 8TH STREET</b>			
				83			
				84 City <b>MALLANVILLE</b>		85 Zip Code <b>33009</b>	

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 **R.C. [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	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>BOSEM, SANFORD</b>		1.2 NAME	<b>RICHARD COHEN</b>			
STREET ADDRESS	<b>3300 NE 192 ST. #1602</b>		1.3 STREET ADDRESS	<b>220 LOCUST STREET 8C</b>			
CITY-ST-ZIP	<b>AVENTURA FL</b>		1.4 CITY-ST-ZIP	<b>PHILADELPHIA, PA. 19106-3135</b>			
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>KROP DAVID</b>		2.2 NAME				
STREET ADDRESS	<b>19877 EAST COUNTRY CLUB DR</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>		2.4 CITY-ST-ZIP				
TITLE	VST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>FIRESTONE, NOLA</b>		3.2 NAME				
STREET ADDRESS	<b>10414 BERMUDA DR.</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>COOPER CITY FL</b>		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> 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		<input type="checkbox"/> 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 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: **R.C. [Signature]**

CR2E034 (10/97)