

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000071885 (5)**

1. Corporation Name  
**HOLD THE PHONE, INC.**



Principal Place of Business: **8 NOBLE WOODS WAY ORMOND BEACH FL 32174**  
Mailing Address: **8 NOBLE WOODS WAY ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified: **09/30/1994** 3a. Date of Last Report: **04/24/1995**  
4. FEI Number: **59-3270713**  
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

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

9. Name and Address of Current Registered Agent

**FOCAZIO, STEVEN J  
8 NOBLE WOODS WAY  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the President, Secretary, Treasurer, or Director of the Corporation or the Registered Agent of the Corporation

12. OFFICERS AND DIRECTORS

11. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12. NAME	<b>FOCAZIO, STEVEN J</b>	
13. STREET ADDRESS	<b>8 NOBLE WOODS WAY</b>	
14. CITY, ST, ZIP	<b>ORMOND BEACH FL 32174</b>	
15. TITLE		<input type="checkbox"/> DELETE
16. NAME		
17. STREET ADDRESS		
18. CITY, ST, ZIP		
19. TITLE		<input type="checkbox"/> DELETE
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
35. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME		
37. STREET ADDRESS		
38. CITY, ST, ZIP		
39. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME		
41. STREET ADDRESS		
42. CITY, ST, ZIP		
43. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. NAME		
45. STREET ADDRESS		
46. 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)(g), 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 deleted, or on an amendment with an address.

SIGNATURE: *Steven J Focazio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**STEVEN J FOCAZIO (PRESIDENT)**

2/21/96 904-676-1171  
DATE DATE OF FILING

CR2E034 (12/95)