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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048551 (1)

THE SOCIAL INDEX-DIRECTORY, INC.

POST OFFICE BOX 230 POST OFFICE BOX 230 PALM BEACH FL 33480 PALM BEACH FL 33480-0230 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EDELMAN, KENNETH ESQ 7777 GLADES ROAD #300 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 84 City Zin 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 if an ifamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or ported name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE TUTTLE, DEBORAH NAME 12 NAME CR2E034 350 ROYAL PALM WAY 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CHTY- \$1 - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CHY-ST 2. 4 CiTY-ST-ZiP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP City - \$1 - 7(6 Change DELETE Addition 4.1 TITLE THE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - 51 - 712 4.4 CITY - ST - ZIP DELETE Change Addition THEE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THE NAME 6.2 NAME

> 6 3 STREET ADDRESS 6 4 CHY-ST-ZIP

14. I do hereby certily 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

SIGNATURE:

STREET ADDRESS

CHY-SI-ZIP

DENOTATE DUNT CONTROL TUTTLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

414197

Daytime Phone #

FILED

Apr 09 1997 8:00am

Secretary of State