

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S68512 (0)

1. Corporation Name

REFERRALS ANYWHERE, INC.



Principal Place of Business

**2014 PORT ST LUCIE BLVD
PT ST LUCIE FL 34952**

Mailing Address

**2014 PORT ST LUCIE BLVD
PT ST LUCIE FL 34952**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ZINTER, PAUL A
2014 PT ST LUCIE BLVD
PT ST LUCIE FL 34952**

3. Date Incorporated or Qualified
07/22/1991

3a. Date of Last Report
01/19/1995

4. FEI Number
65-0276982

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.001 and 607.150, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to 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 607.001, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the Registered Agent

Date

12. OFFICERS AND DIRECTORS

1	<input checked="" type="checkbox"/> DELETE	D ZINTER, PAUL A 2014 PT ST LUCIE BLVD PT ST LUCIE FL
2	<input type="checkbox"/> DELETE	
3	<input type="checkbox"/> DELETE	
4	<input type="checkbox"/> DELETE	
5	<input type="checkbox"/> DELETE	
6	<input type="checkbox"/> DELETE	
7	<input type="checkbox"/> DELETE	
8	<input type="checkbox"/> DELETE	
9	<input type="checkbox"/> DELETE	
10	<input type="checkbox"/> DELETE	
11	<input type="checkbox"/> DELETE	
12	<input type="checkbox"/> DELETE	
13	<input type="checkbox"/> DELETE	
14	<input type="checkbox"/> DELETE	
15	<input type="checkbox"/> DELETE	
16	<input type="checkbox"/> DELETE	
17	<input type="checkbox"/> DELETE	
18	<input type="checkbox"/> DELETE	
19	<input type="checkbox"/> DELETE	
20	<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information provided in this and any 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 registered agent or am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or in a change, addition or deletion with an address.

SIGNATURE:

Paul A. Zinter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 (407) 335-4333

CR2E034 (12/95)