

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4: 03

DOCUMENT # **P94000060152 (3)**

1. Corporation Name
311 ORLANDO DIRECT, INC.

Principal Place of Business Mailing Address
**TWO SOUTH UNIVERSITY DR., SUITE 325
PLANTATION FL 33324** **TWO SOUTH UNIVERSITY DR., SUITE 325
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 3a. Date of Last Report
08/15/1994

4. FEI Number Applied For
62-1575354 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

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. 26. *Suite, Apt. #, etc.*

22. 27. *City & State*

23. 28. *City & State*

24. 29. *Zip* *Country*

25. 30. *Zip* *Country*

9. Name and Address of Current Registered Agent

**FIRESTONE, GEORGE
TWO SOUTH UNIVERSITY DR., SUITE 325
PLANTATION FL 33324**

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 607.0502 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 resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	GIRESTONE, GEORGE
STREET ADDRESS	TWO SOUTH UNIVERSITY DR., SUITE 325
CITY - ST - ZIP	PLANTATION FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10414 Bermuda Drive
1.4 CITY - ST - ZIP	Cooper City, FL 33026
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sanford Bosen
2.3 STREET ADDRESS	3300 N.E. 192 Street, #1602
2.4 CITY - ST - ZIP	Aventura, FL 33180
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David Krop
3.3 STREET ADDRESS	2001 N.E. 195 Drive
3.4 CITY - ST - ZIP	No., Miami Bch, FL 33179
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nola Firestone
4.3 STREET ADDRESS	10414 Bermuda Drive
4.4 CITY - ST - ZIP	Cooper City, FL 33026
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(6)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or 13 of this report, or in an attachment with an address.

SIGNATURE: _____

 DAVID R. KROP

1/26/95 (305) 475-3111

 Division Head I