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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 646494 (5)

1. Corporation Name
ANSWERITE 'THE HELLO PEOPLE', INC.

Principal Place of Business
401 W FAIRBANKS AVE.
WINTER PARK FL 32789

Mailing Address
401 W FAIRBANKS AVE.
WINTER PARK FL 32789-5003



3. Date Incorporated or Qualified 11/13/1979
3a. Date of Last Report 05/10/1996

4. FEI Number 59-1949661
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SMITH, EDWARD C
401 W FAIRBANKS AVE.
WINTER PARK FL 32789

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

Sign in ink, type printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SMITH, EDWARD C.
STREET ADDRESS 401 W FAIRBANKS AVE.
CITY-ST-ZIP WINTER PARK FL

TITLE DV ☐ DELETE

NAME COSMO, SAMUEL (DR.)
STREET ADDRESS 336 HILLMAN AVE.
CITY-ST-ZIP ORLANDO FL

TITLE DS ☐ DELETE

NAME JONES, CYNTHIA M.
STREET ADDRESS 645 E. CONCORD STREET
CITY-ST-ZIP ORLANDO FL

TITLE DV ☐ DELETE

NAME JOHNSON, EDWIN K
STREET ADDRESS 414 E PINE ST #1211
CITY-ST-ZIP ORLANDO FL

TITLE DS ☐ DELETE

NAME STEEDE, ROBERT
STREET ADDRESS 9509 MONTELLO DR
CITY-ST-ZIP ORLANDO FL

TITLE DST ☐ DELETE

NAME PROSPEROSO, VELMA J
STREET ADDRESS 224 S FIRST ST
CITY-ST-ZIP OCOEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Edward C. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 (407) 644-3300
Date Daytime Phone #

CR2E034 (9/96)