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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F90242

(1)

1. Corporation Name LISTAPHONE,INC. Principal Place of Business Mailing Address BERNARD FRANK BERNARD FRANK						
300 71ST STREET. STE 435 MIAMI BEACH FL 33141		% BERNARD FRANK 300 71ST STREET. STE 435 MIAMI BEACH FL 33141				
				3. Date Incorporated or Qualified 07/12/1982	3a. Date of Last Report 06/21/1995	
2. Principal Flace of Business		2a. Mailing Address		4. FEI Number	Applied For	
		26		59-2202019 Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Oty & State		City & State		6. Election Campaign Financing	\$5.00 May Ro	
3	fill acceptance of the	28		Trust Fund Contribution	Added to Fees	
Ζφ 4	Country 25	Ζφ 29	Country 30	8. This corporation has liability fo Florida Statutes Ye	r intangible tax under s. 199.032, esNo	
'I	9. Name and Address of Currer	L J		10. Name and Address of New		
			B1 Name			
FRANK, BERNARD 300 71ST STREET, STE 435			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
	ACH FL 33141		83			
			84 City		85 Zip Code	
					FL 85 Zip Code	
12. THEF NAM: SIRSELADORSSS OHY-SE-ZO: FILES NAME	PD FRANK, BERNARD 300 71ST STREET, #435 MIAMI BCH, FL 00000 D GROVER, FLORENCE M 300 71ST STREET, #435	and stell apporable (NO) DIRECTORS DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME		DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition	
STREET ADDRESS COLY, ST-ZiP	MIAMI BCH, FL 00000		2 3 STREET ADDRESS 2 4 CITY+ST-ZIP			
TOLE NAME STREET ADDRESS		DELETE	3 1 TIPLE 3 2 NAME 3 3 STREET ADDRESS		☐ Change ☐ Addilion	
CIY SLZP Dif		DELFTE	3.4 CITY - ST. ZIP 4. 1 TITLE		Change Addition	
AAME STREET ADDRESS CITY STEZP			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		C. Starge C. Toolion	
1-ft.E		□ DELETE	5. 1 TITLE		Change Addition	
NAME:			5 2 NAME			
STREET ADDRESS			5 3 STREET ADORESS			
CHY-SH-ZH LIM		☐ DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition	
NAM!			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
certily that the cath; that I a	ie information indicated on this ann	ual report or supplemental and pration or the receiver or truste	ual report is true and accur e empowered to execute the	for the exemption stated in Section 11 rate and that my signature shall have this report as required by Chapter 607,	e same legal effect as if made under	
SIGNATU	JRE: X Knay	(LCuso. R PRINTED NAME OF BIGNING OFFICE		3/15/96	861-8227	