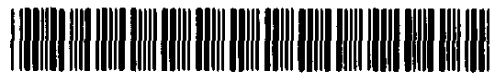


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F96000006766 (7)
 1. Corporation Name
THE DOCTOR DIRECTORY, INC.



Principal Place of Business 4691 N. UNIVERSITY DR., #327 CORAL SPRINGS FL 33067	Mailing Address 4691 N. UNIVERSITY DR., #327 CORAL SPRINGS FL 33067
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2836 University Dr., Suite, Apt. #, etc. Coral Springs Florida		2a. Mailing Address 26 2836 University Dr., Suite, Apt. #, etc. Coral Springs, FL		3. Date Incorporated or Qualified 12/23/1996	
22		27		4. FEI Number 65-0698327	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BARKER, DAVID 4691 N. UNIVERSITY DR., #327 CORAL SPRINGS FL 33067				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 2836 UNIVERSITY DRIVE			
83				84 City Coral Springs FL 85 Zip Code 33065			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARKER, ROBERT MD			1.2 NAME	DONNELLY, CLIFFORD W,		
STREET ADDRESS	121 VIRGINIA RD.			1.3 STREET ADDRESS	6907 West 130th Street		
CITY-ST-ZIP	MONTREAT NC 28757			1.4 CITY-ST-ZIP	Overland Park, KS 66209		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARKER, DAVID K			2.2 NAME	HOURANI, ELIAS		
STREET ADDRESS	7404 PINEWALK DR., S.			2.3 STREET ADDRESS	1420 S. Bayshore Dr, #1103		
CITY-ST-ZIP	MARGATE FL 33083			2.4 CITY-ST-ZIP	Miami Florida 33131		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUFORD, MARK			3.2 NAME	SONNENBERG, MIKE		
STREET ADDRESS	125 LESLIE LOCH LANE			3.3 STREET ADDRESS	125 Virginia Rd		
CITY-ST-ZIP	COLUMBIA SC 29212			3.4 CITY-ST-ZIP	Montreat NC 28757		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	TCHIVIDJIAN, STEPHAN		
STREET ADDRESS				4.3 STREET ADDRESS	4131 NW 99TH AVE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Coral Springs, FL 33065		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	GROBOWSKY, JAY		
STREET ADDRESS				5.3 STREET ADDRESS	128 Vineyard Rd.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	TRYON, NC, 28782		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: _____ **DAVID K. BARKER** 4-23-98 (954) 796-4491

CR2E034 (10/97)