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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUM	IENT # H415	10	(9)					
CENTRAL FLORIDA FIRST CALL SERVICE, INC.						. 1860-19 San Bishe (188) Sine (48): 50:1 Sish Sish Bish Bish Sish Sish Sish Sish Sish Sish Sish		
Principal Place of Business Mailing Address								
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% ROSE E. SPURGEON 325 N. TAMPA AVENUE ORLANDO FL 32805		325	% rose e. Spurgeon 325 n. Tampa avenue Orlando fl 32805			3. Date Incorporated or Qualified 38. Date of Last Report		
						3. Date Incorporated or Qualified 02/06/1985		1/1995
Principal Place of Business		2a. Mail 26	2a. Mailing Address			4. FEI Number 59-2497948		Applied For Not Applicable
Suite, Apt. #,	etc.	Suit	e, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State			& State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip 1	Country 25	Zip		├	intry	This corporation has liability for		
	9. Name and Address of Curr	29 ent Registered	d Agent	30	[10. Name and Address of New	_	
					81 Name			
SPURGEON, ROSE E					82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
	rampa avenue Do FL 32805				83			,
							85	Zip Code
or registere	the provisions of Sections 607.05 d agent, or both, in the State of Fla , and accept the obligations of, Se	orida. Such cha	nge was authoriz	ed by the a	84 City ove-named corporation's bo	oration submits this statement for the pa ard of directors. I hereby accept the ap	urpose of changing	its registered officered agent. I am
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14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07(3)(k). Florida Statutes, Turnier 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 31 if changed, or on an attachment with an address.

SIGNATURE:

MISO. Pfullylon, Intselent 42.

E AND TYPED OR PRINTE NAME OF SYNING OFFICER OR DIRECTOR

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Dayline Phone #