

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

FILED

Jan 22 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 # K24192 (2)

1. Corporation Name
ONLINE SERVICES, INC.



Principal Place of Business

6835 SUNSET STRIP
~~STE 302~~
SUNRISE FL 33313
US

Mailing Address

6835 SUNSET STRIP
~~STE 302~~
SUNRISE FL 33313-2864
US

3. Date Incorporated or Qualified
05/19/1988

3a. Date of Last Report
06/14/1996

2. Principal Place of Business

21 6835 SUNSET STRIP

Suite, Apt. #, etc.

22

City & State

23 SUNRISE, FL

Zip

24 33313

Country

25 US

2a. Mailing Address

26 6835 SUNSET STRIP

Suite, Apt. #, etc.

27

City & State

28 SUNRISE, FL

Zip

29 33313

Country

30 US

4. FEI Number

65-0124818

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

9. Name and Address of Current Registered Agent

HILL, SHELDON H.
6835 SUNSET STRIP
~~6835 SUNSET STRIP~~
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name HILL, SHELDON H.
82 Street Address (P.O. Box Number is Not Acceptable)
6835 SUNSET STRIP.
83
84 City SUNRISE FL 85 Zip Code 33313

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in block 12 or 13 and block 14 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/97

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HILL, SHELDON H.	
STREET ADDRESS	5870 NW 20 STREET	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/97 (954) 746-8355

CR2E034 (9/96)