

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 # **L04530** (6)

1. Corporation Name
BY REQUEST, INC.



Principal Place of Business: P.O. BOX 3401 CLEARWATER FL 34630-8401
Mailing Address: P.O. BOX 3401 CLEARWATER FL 34630-8401

3. Date Incorporated or Qualified: **07/17/1989**
3a. Date of Last Report: **04/17/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FET Number 59-2958983	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> Not Applicable
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country	30	Country			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MONTAGNA, DANIEL M. 377 MEHLENBACHER ROAD BELLEAIR BLUFFS FL 34640				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN M. MONTAGNA	2. NAME	
STREET ADDRESS	377 MEHLENBACHER RD	3. STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	4. CITY-ST-ZIP	
TITLE	STD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN M. MONTAGNA	2. NAME	
STREET ADDRESS	377 MEHLENBACHER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Daniel M. Montagna* DATE: **3/13/96** Daytime Phone #: **813-587-0714**

CR2E034 (12/95)