FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:25

DOCUMENT # M96947 (0)

1. Corporation Name
ELECTRONIC LIBRARIAN, INC.

Principal Place of Business	Mailing Address
10611 EDINBURGH STREET COOPER CITY FL 33026	10611 EDINBURGH STREET COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1988
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business
21: 15515 Gauntlet Hall Manor
22: Suite, Apt. #, etc.
23: City & State: Davie, FL
24: Zip: 33331
25: Country

2a. Mailing Address
26: 15515 Gauntlet Hall Manor
27: Suite, Apt. #, etc.
28: City & State: Davie, FL
29: Zip: 33331
30: Country

4. FEI Number: 65-0078182 ☐ 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

KATZ, DAVID H.
10611 EDINBURGH STREET
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number Is Not Acceptable): 15515 Gauntlet Hall Manor
03
04 City: Davie FL 05 Zip Code: 33331

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	KATZ, DAVID H.	1.2 NAME		
STREET ADDRESS	10611 EDINBURG STREET	1.3 STREET ADDRESS	15515 Gauntlet Hall Manor	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	Davie, FL 33331	
TITLE	ST	2.1 TITLE		☒ Change ☐ Addition
NAME	KATZ, ANDREA	2.2 NAME		
STREET ADDRESS	10611 EDINBURGH STREET	2.3 STREET ADDRESS	15515 Gauntlet Hall Manor	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	Davie, FL 33331	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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 Howard Katz David Howard Katz 1/18/95 (305)680-0957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008884 CP