

FILE NOW: FILING FEE IS \$61.25

FILED
Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N48549** (2)

1. Corporation Name

PHONE-A-FLOAT PLAN, INC.



Principal Place of Business 2175 ST RD 04 @ MARINA BAY FT. LAUDERDALE FL 33312	Mailing Address 2175 ST RD 04 @ MARINA BAY FT. LAUDERDALE FL 33312-4839
--	---

3. Date Incorporated or Qualified 04/24/1992	3a. Date of Last Report 03/14/1996
--	--

2. Principal Place of Business 21 1915 S.W. 21 AVE. Suite, Apt. #, etc. 22 @ JACKSON MARINE City & State 23 FT. LAUDERDALE FL Zip 24 33312	2a. Mailing Address 26 1915 S.W. 21 AVE Suite, Apt. #, etc. 27 @ JACKSON MARINE City & State 28 FT. LAUDERDALE FL Zip 29 33312	Country 25 USA 30 USA
--	--	-------------------------------------

4. FEI Number 65-0338583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MACCLARY, RICHARD M 3000 E. SUNRISE BLVD. SUITE 7-B FT. LAUDERDALE FL 33304	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D BISH, DONALD R
STREET ADDRESS	11111 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MACCLARY, RICHARD A
STREET ADDRESS	3000 E. SUNRISE BLVD, STE 7-B
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	<input type="checkbox"/> DELETE
NAME	D ROBERTS, SCOTT
STREET ADDRESS	20310 NE 2ND AVE., APT K-21
CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	Karen Tischler
4.4 CITY-ST-ZIP	1915 SW 21st Avenue Ft. Lauderdale, FL 33312
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Karen Tischler** DATE: **11-11-97** (Signature) **1915 SW 21st Ave**

CR2E037 (9/96)