

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Division of Corporations

1900 North Florida Avenue, Suite 1000
Tallahassee, Florida 32301-2700

DOCUMENT # N92000000447 (4)

U.S.A. 24 HOUR RELAY, INC.

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MAY 1 1995

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TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
6863 VISTA PARKWAY N WEST PALM BEACH FL 33411 US		6863 VISTA PARKWAY N WEST PALM BEACH FL 33411 US		3. Date Incorporated or Qualified 11/23/1992	3a. Date of Last Report 05/01/1994
2. Principal Nature of Business		2a. Mailing Address		4. FL Number 65-0372742	Applied For Not Applicable
21. 4300 S. US Highway One Suite, Apt. #, etc.		26. 4300 S. US Highway One Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22. Suite 203-153 City & State		27. Suite 203-153 City & State		6. Excess Campaign Expenditure Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23. Jupiter, FL Zip		28. Jupiter, FL Zip		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required	
24. 33477		25. USA		8. The corporation has liability for a delinquent tax under C-100 000. Florida Statutes ☐ Yes ☐ No	
29. 33477		30. USA			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JONES, ROBERT D 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City	
		85. Zip Code FL	

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND DIRECTORIAL IN-TO	
1. NAME 2. STREET ADDRESS 3. CITY, ST, ZIP	DVT SANGER, WALLACE D 11333 ACME RD. WEST PALM BEACH FL 33414	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
4. NAME 5. STREET ADDRESS 6. CITY, ST, ZIP	DP GREGAN, LAURIE 1688 SOUTH CLUB DR. WEST PALM BEACH FL 33414	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
7. NAME 8. STREET ADDRESS 9. CITY, ST, ZIP	DS FUCHS, LAWRENCE M 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
13. NAME 14. STREET ADDRESS 15. CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the corporation 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 652, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Laurie Gregan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1/95