

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N92000000447 (4)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

**4300 S US HIGHWAY ONE  
STE 203-153  
JUPITER FL 33477  
US**

**4300 S US HIGHWAY ONE  
STE 153-203  
JUPITER FL 33477  
US**

3. Date Incorporated or Qualified  
**11/23/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1701 MARINA ISLE WAY**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 # 406**

**27**

City & State

City & State

**23 JUPITER FL**

**28**

Zip

Country

Zip

Country

**24 33477 25 U.S.A.**

**29**

**30**

4. FEI Number

**65-0372742**

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

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

**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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVT** ☐ DELETE  
NAME **SANGER, WALLACE D**  
STREET ADDRESS **11333 ACME RD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE  
NAME **GREGAN, LAURIE**  
STREET ADDRESS **1688 SOUTH CLUB DR.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **DP GREGAN LAURIE**  
2.3 STREET ADDRESS **1701 MARINA ISLE WAY #406**  
2.4 CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **DS** ☐ DELETE  
NAME **FUCHS, LAWRENCE M**  
STREET ADDRESS **590 ROYAL PALM BEACH BLVD.**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Laurie GREGAN Jan 26/96 407-725-8010**

CR2E037 (12/95)