

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P14160 (6)

1. Corporation Name

YELLOW BOOK OF FLORIDA DIRECTORIES, INC.

Principal Place of Business

1901 S. CONGRESS AVE.  
BOYNTON BEACH FL 33426

Mailing Address

1901 S. CONGRESS AVE.  
BOYNTON BEACH FL 33426-6556



3. Date Incorporated or Qualified

04/23/1987

3a. Date of Last Report

03/03/1996

4. FEI Number

58-1729323

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET, S-305  
NORTH MIAMI BEACH FL 33162

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WALSH, JOSEPH  
STREET ADDRESS 100 N CENTRE AVE  
CITY-ST-ZIP ROCKVILLE CENTRE NY

☐ DELETE

TITLE V  
NAME SCOTTO, ANTHONY  
STREET ADDRESS 100 N CENTRE AVE.  
CITY-ST-ZIP ROCKVILLE CENTRE NY

☐ DELETE

TITLE D  
NAME MCGAULEY, RICK  
STREET ADDRESS 100 NO CENTRE AVE.  
CITY-ST-ZIP ROCKVILLE CENTRE NY 11570

☐ DELETE

TITLE D  
NAME GRUBER, STEVE  
STREET ADDRESS 100 NO CENTRE AVE.  
CITY-ST-ZIP ROCKVILLE CENTRE NY 11570

☐ DELETE

TITLE D  
NAME LARSON, STEVE  
STREET ADDRESS 100 NO CENTRE AVE.  
CITY-ST-ZIP ROCKVILLE NY 11570

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CHIEF FIN OFFICER  
TIMOTHY ZALAK  
100 N CENTRE AVE  
ROCKVILLE CENTRE NY 11570

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 607, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY ZALAK

Date

1/23/97

Daytime Phone #

CR2E034 (9/96)