

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

**FILED**  
**Jul 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000000176 (7)**  
 1. Corporation Name  
**FAX PHONE DIRECTORY INC.**



Principal Place of Business <b>7809 DAVIE ROAD EXT          HOLLYWOOD FL 33024          US</b>	Mailing Address <b>7809 DAVIE ROAD EXT.          COOPER CITY FL 33024-2623          US</b>
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3. Date Incorporated or Qualified <b>10/26/1992</b>	3a. Date of Last Report <b>08/02/1996</b>
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2. Principal Place of Business <b>21 2020 W. MCNAB ROAD</b>	2a. Mailing Address <b>26 2020 W MCNAB ROAD</b>
Suite, Apt. #, etc. <b>22 122</b>	Suite, Apt. #, etc. <b>27 122</b>
City & State <b>23 Ft Lauderdale FL 33309</b>	City & State <b>28 Ft Lauderdale FL 33309</b>
Zip <b>24 33309</b>	Country <b>25 FLORIDA</b>

4. FEI Number <b>65-0360808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MURPHY, SEAN  
 9342 SOUTHERN ORCHARD ROAD NORTH  
 DAVIE FL 33328**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PTS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEHLER, LANCE</b>	
STREET ADDRESS	<b>2720 NE 15TH STREET</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, SEAN</b>	
STREET ADDRESS	<b>9342 SOUTH ORCHARD ROAD NORTH</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P/T/S/VP/D</b>
2.3 STREET ADDRESS	<b>MURPHY, SEAN</b>
2.4 CITY-ST-ZIP	<b>9342 Southern orchid Road North DAVIE FL 33328</b>
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 justice 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 \_\_\_\_\_ DATE **7/21/97** **800 329-1054**

CRE034 (9/96)