

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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000007024 (2)**

1. Corporation Name

**APPLIED LIST MANAGEMENT, INC.**

Principal Place of Business

**1801 LEE ROAD  
SUITE 301  
WINTER PARK FL 32789**

Mailing Address

**1801 LEE ROAD  
SUITE 301  
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/23/1992**

4. FEI Number

**59-3154518**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** **1947 Lee Road**

**27** Suite, Apt #, etc.

**28** City & State

**29** Zip Country

**30** **U.S.A.**

9. Name and Address of Current Registered Agent

**ARONOFF, LEN E  
1801 LEE ROAD  
SUITE 306  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

**81** Name

**82** **Aronoff, Len**  
Street Address (P.O. Box Number is Not Acceptable)

**83** **1947 Lee Road**

**84** City

**Winter Park**

**FL**

**85** Zip Code

**32789**

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

**1** **P** ☐ DELETE  
**TITLE**  
**NAME** **OUTAR, ROLAND**  
**STREET ADDRESS** **1801 LEE ROAD, SUITE 306**  
**CITY-ST-ZIP** **WINTER PARK FL**

**2** ☐ DELETE  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**3** ☐ DELETE  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**4** ☐ DELETE  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**5** ☐ DELETE  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**6** ☐ DELETE  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**2.1** ☐ Change ☐ Addition  
**2.2** NAME  
**2.3** STREET ADDRESS  
**2.4** CITY-ST-ZIP

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

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

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

**6.1** ☐ Change ☐ Addition  
**6.2** NAME  
**6.3** STREET ADDRESS  
**6.4** CITY-ST-ZIP

14. I 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:

*Roland Outar*

*2/23/98*

CR2E034 (1097)