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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000023064 (7
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PHONE	informa'	TION SERVICES	S, INC.								
rincipal Place of Business			Mailing	Address			11111		18H1 88111 88178 1	1 <b>900</b> 11411 <b>90</b> 11	O MICH WIDE CODE
1801 A. FEDERAL HIGHWAY SUITE 235 DELRAY BEACH FL 33483 US			RANDAZZA. JOSEPH 1801 S. FEDERAL HWY STE 235 DELRAY BEACH FL 33483 US								
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Principal Pla	ice of Business		2a. Mail	ling Address				-0471043			Applied For Not Applicabl
			Suite, Apt #. etc.				ite of Status Desired			Additional	
			27				J. Certifica	ate or status Desired		Fee	Required
Oity & State			City	8 State				i Campaign Financing und Contribution	, 🗆	•	<b>0</b> May Be d to Fees
Zφ		Country	Zφ		Country	/	8. This co	rporation has liability for	for intangible t		
	25		29		30				res □ No		
	9. Name and	d Address of Curre	nt Hegistered	agent	81	Name I	10. Name	and Address of Nev	w Hegistered	Agent	
THE DOL	ENTINE MALL	CODBODATION	OVOTEM INC	^	82	10	seph k	MIDAYY			
	IAGNOLIA ST		SYSTEM, INC.			Street Add	ress (P.O. Box	Number is Not Accept	(abie) La Cabul d	m (1	11 12
	ASSEE FL 32				83		#1 **X.11	I BY DAGE	III TO I PO VI	7-34	174 19:
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					ļ 84	City 🖍		a 4_ 11	E)	1 1 6	p Code
. Pursuant to	o the provisions	of Sections 607,050	2 and 607.150	08, Florida Statut	tes, the above	UE	ration so mits t	E fresh his statement for the	purpose of ch	nanging its 1	egistered offi
	o the provisions ed ageds, or bot to and accept th	of Sections 607.050 h, in the State of Flor ne objections of, Sec	2 and 607,150 ida. Such char tion 607,9565	08, Florida Statut nge wae atithoriz , Florida Statutes	tes, the above- zed by the corps	named corpo poration's boa	ration somits t and of directors.	his statement for the I hereby accept the a	purpose of chappointment a	nanging its i s registered	egistered offi agent. I am
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oath; that I am an officer or of solor of the corporation of the receiver or trustee en appears in Block 12 or Block 13 if changed or it an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF officer on Director