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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Apr 15 1998 8:00am Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

DOCUMENT # P93000023064 (7)							
PHONE INFORMATION SERVICES, INC.							
FHONE	HALOUMKHOM SEUAICE	3, INC.			 10646001 118 10100 1186 0010 0011 0012 001	8 (1888)(()) 43 () 8 8 ())() 3(8) (88)	
Principal Place of Business Mailing Address			ress		. TERNITAN SAN ANDELLINE NAN MANIN ANDEN ANTI	A NIGAE INNI BELIK DINN AND IAN	
1801 A. FEDERAL HIGHWAY RANDAZZA, JOSEPH							
SUITE 235 DELRAY BEACH FL 33483			1801 S. FEDERAL HWY STE 235 DELRAY BEACH FL 33483		DO NOT WRITE IN T	HIS SPACE	
US	an re somes	US			3. Date Incorporated or Qualified		
_					03/26/1993		
2. Principal P	2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
		26			65-0471043	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & State		City & State	City & State		# Floation Committee Financian		
├── _─		28	¬ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the		
24	25 29 30		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curr	ent Registered Agent	81		10, Name and Address of New Registe	red Agent	
RANDAZZA, JOSEPH				Name			
1801 SOUTH FEDERAL HWY			82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 235			83				
DELRAY BEACH FL 33483			63				
			84	City		EL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				-named corpo			
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, typied or printed name of registered agent and title if applicable. (NOTE: Registe				nt signature require	d when reinstating) DA		
12.	OFFICERS AND DIRECTORS P DELETE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	RANDAZZA, JOSEPH		1.2 NAME			Criange Abonton	
STREET ADDRESS 1801 S. FEDERAL HIGHWAY SUITE 235			1.3 STREET	ADDRESS			
CITY-ST-ZIP DELRAY BEACH FL			1.4 CITY-ST				
TITLE			2 1 TITLE			☐ Change ☐ Addition	
NAME	RANDAZZA, JOSEPH 23		2.2 NAME	j			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST	r-ZiP			
TITLE			3.1 TITLE			Change Addition	
NAME			3.2 NAME	1			
STREET ADDRESS	•		3.3 STREET A	4			
CITY-ST-ZIP TITLE			3.4. City-St 4.1 Title	r-ZiP		Change Addition	
NAME			4.2 NAME			спандо ловисоп	
STREET ADDRESS			4 3 STREET A	LODRESS			
CITY-ST-ZIP			4.4 CITY-ST				
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME	1			
STREET ADDRESS	ESS 5.3:		5.3 STREET	ADDRESS			
CITY - ST - ZIP		5.4 (- ZIP			
TITLE	DELETÉ 6.1		6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME			·	
STREET ADDRESS			6.3 STREET A	address			
CITY-ST-ZIP		70. 10. 10. 10.	6.4 CITY - ST	- ZIP	2-1-10 07/0/0 51-11-0-1-1-1		

I hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed or the corporation is the corporation of the corporation block 12 or Block 13 if changed or the corporation is the corporation of the corporation is the corporation of the corporation is the corporation of the corporation of the corporation is the corporation of the c 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 tupplemental 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 nor the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or an attact of the with an address.

561-265-5900

FILED