

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **P93000066833 (3)**

1. Corporation Name

**ONLINE HELP, INC.**



Principal Place of Business Mailing Address  
**1579 S.W. 8TH ST. BOCA RATON FL 33486** **1579 S.W. 8TH ST. BOCA RATON FL 33486**

3. Date Incorporated or Qualified **09/20/1993** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business 2a. Mailing Address  
 21 **4016 Sable Oaks Drive** 26 **4016 Sable Oaks Drive**

4. FEI Number **65-0447363** Applied For Not Applicable

22 Suite, Apt. #, etc 27 Suite, Apt. #, etc  
 23 **Round Rock, Texas** 28 **Round Rock, Texas**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 **78664** 25 **USA** 29 **78664** 30 **USA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**LINDSEY, MARION E**  
**1579 S.W. 8TH ST.**  
**BOCA RATON FL 33486**

81 Nar  
 82 Str  
 83  
 84 Cit

**MICHAEL A. CECERE, C.P.A.**  
**2200 N. FEDERAL HWY. SUITE 214**  
**BOCA RATON, FL 33431**

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 *M A Cecere CPA* 8/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDSEY, MARION E</b>	12 NAME	
STREET ADDRESS	<b>1579 SW 8TH ST.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Marion E Lindsey*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Mo/Yr

CR2E034 (3/96)