

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083407 (5)

1. Corporation Name
POWER DIALING, INC.

Principal Place of Business
3600 COUNTY PLACE BLVD.
SARASOTA FL 34233

Mailing Address
3600 COUNTY PLACE BLVD
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0456037	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. Does corporation have liability for nonpayment of taxes under Ch. 193.1225, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

LABASH, VINCENT
3600 COUNTY PLACE BLVD.
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0107 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 Sections 607.0107, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	PD	1. TITLE	☐ Change ☐ Addition
2. NAME	LABASH, VINCENT	2. NAME	
3. STREET ADDRESS	3600 COUNTY PLACE BLVD.	3. STREET ADDRESS	
4. CITY & STATE	SARASOTA FL 34233	4. CITY & STATE	
5. TITLE	STD	5. TITLE	☐ Change ☐ Addition
6. NAME	MATABLE, STANLEY	6. NAME	
7. STREET ADDRESS	3600 COUNTY PLACE BLVD.	7. STREET ADDRESS	
8. CITY & STATE	SARASOTA FL 34233	8. CITY & STATE	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.127, Florida Statutes. I further certify that the information submitted on this filing is true and correct and that my signature shall have the same legal effect as if made under oath. That this certificate is a declaration of the corporation or the registered agent or registered agent's representative and that the report is required by Chapter 193, Florida Statutes, and that my name appears on this filing as the registered agent or registered agent's representative.

SIGNATURE:

Stanley Matable
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

428 25, 1995 (013) 922 0851