

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000047407 (9)**

1. Corporation Name  
**ME TO YOU INC.**



Principal Place of Business: **3201 WEST COMMERCIAL BLVD. SUITE 116 FT. LAUDERDALE FL 33309**  
Mailing Address: **3201 WEST COMMERCIAL BLVD. SUITE 116 FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **06/23/1994** 3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business  
21. **3000 NE 30 PLACE**  
22. **SUITE 207**  
23. **FT. LAUDERDALE FL**  
24. **33306** 25. **USA**  
2a. Mailing Address  
26. **3000 NE 30 PLACE**  
27. **SUITE 207**  
28. **FT. LAUDERDALE, FL**  
29. **33306** 30. **USA**

4. FFI Number: **65-0502469**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **3000 NE 30 PLACE**  
83. **-05/06/96--01032--015**  
84. City: **FT** 85. Zip Code: **33306**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature typed or printed name of registered agent is not applicable) (NOTE: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>DPT</b>	<input type="checkbox"/>
NAME	<b>DE LUCA, FREDERICK A</b>	
STREET ADDRESS	<b>3201 WEST COMMERCIAL BLVD., SUITE 116</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/>
NAME	<b>BUCK, PETER</b>	
STREET ADDRESS	<b>N CENTENNIAL DR.</b>	
CITY-ST-ZIP	<b>DANBURY CT</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>HISHOP, TOU</b>	
STREET ADDRESS	<b>315 BIC DR</b>	
CITY-ST-ZIP	<b>MILFORD CT</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>SCHULZ, CAROLYN</b>	
STREET ADDRESS	<b>3201 W COMMERCIAL BLVD - STE 116</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>3000 NE 30 PLACE, SUITE 207</b>		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<b>11 CENTENNIAL DRIVE</b>		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>HISLOP, THOMAS</b>		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	<b>3000 NE 30 PLACE, SUITE 207</b>		
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>VP</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>DAVID S. WORROLL</b>		
5.3 STREET ADDRESS	<b>325 BIC DRIVE</b>		
5.4 CITY-ST-ZIP	<b>MILFORD, CT 06460</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Worroll* **DAVID WORROLL** Date: **4/1/96** 800-888-4848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

5-1-96