

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000060155 (6)**

95 JAN 26 PM 1:03

1. Corporation Name
311 PALM BEACH DIRECT, INC.

Principal Place of Business Mailing Address
**TWO S. UNIVERSITY DR., SUITE 325
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/15/1994** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	62-1575357	<input type="checkbox"/> Not Applicable
Subd, Apt. #, etc.	Subd, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country		
24	25		
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIRESTONE, GEORGE
TWO S. UNIVERSITY DR., SUITE 325
PLANTATION FL 33324**

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	FL
	05 Zip 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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRESTONE, GEORGE	1.2 NAME	
STREET ADDRESS	TWO S. UNIVERSITY DR., SUITE 325	1.3 STREET ADDRESS	10414 Bermuda Drive
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	Cooper City, FL 33026
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Sanford Bosen
STREET ADDRESS		2.3 STREET ADDRESS	3300 N.E. 192 Street, #1602
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	David Krop
STREET ADDRESS		3.3 STREET ADDRESS	2001 N.E. 195 Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	No. Miami Bch, FL-33179
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Nola Firestone
STREET ADDRESS		4.3 STREET ADDRESS	10414 Bermuda Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cooper City, FL 33026
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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 checked, on the attached report with an address.

SIGNATURE: *DAVID R. KROP*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/20/95
Date

(305) 475-3111
Telephone Number