

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 |
| Suite, Apt. #, etc. | Suite, 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