

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

ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
JANIS B. MONTGOMERY
TALLAHASSEE, FLORIDA 32304-0001
TELEPHONE: 904-488-2000

APPROVED
AND
FILED

95 MAY 10 AM 10:25

DOCUMENT # **P94000064947 (2)**

DESKTOP DIALER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation		2a. Mailing Address		3. Filing Date (Month/Day/Year)		3a. Nature of Last Report	
2310 NW THIRD AVE. 6 POMPANO BEACH FL 33060		2310 NW THIRD AVE. 6 POMPANO BEACH FL 33060		08/29/1994		1st report	
2. Filing Officer (Name)	2b. Mailing Address	4. Filing Number		5. Certificate of Statute Demand		Applied For / Not Applicable	
21	26	65-0528711		☐		\$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution		☐		\$5.00 May Be Added to Fees	
23	28	7. Financial Statement (Balance Sheet, Income Statement, etc.)		☐		Florida Statutes	
24	25	29	30	☒			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JONES, STAN 2310 NW THIRD AVE, 6 POMPANO BEACH FL 33060		81 Name 82 Street Address (P.O. Box Number if Not Applicable) 83 84 City, FL 85 Zip Code	
11. The undersigned, the person(s) authorized by the corporation and the Florida Statutes, the officer(s) of the corporation, the registered agent, the person(s) authorized by the corporation to execute the report, and the person(s) authorized by the corporation to execute the report, hereby certify that the information contained in this report is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes.			

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: D JONES, STAN ADDRESS: 2310 NW THIRD AVE, 6 POMPANO BEACH FL 33060 NAME: D SNYDER, SCOTT M ADDRESS: 18800 NW 10TH ST PEMBROKE PINES FL 33029		14. NAME 15. ADDRESS 16. CITY 17. STATE 18. ZIP CODE 19. CHANGE 20. ADDITION	

14. I, the undersigned, hereby certify that the information contained in this filing is voluntarily furnished and does not qualify for the exemption stated in law from the provisions of the Florida Statutes. I further certify that the information is contained in this annual report or supplementary annual report is true and correct, and that my signature is in full compliance with the provisions of the Florida Statutes and that my name appears in Block 12 or Block 13 of this report or on an attached report with an address.

SIGNATURE: 5-3-95 305-433-0161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR