

4-16-97 B-4711 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 16 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000077556 (6)

1. Corporation Name  
PHONE HOME, INC.

Principal Place of Business

3206 N.E. 168TH STREET  
N. MIAMI BEACH FL 33160

Mailing Address

3206 N.E. 168TH STREET  
N. MIAMI BEACH FL 33160-3062

3. Date Incorporated or Qualified

10/21/1994

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0527586

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐ No

9. Name and Address of Current Registered Agent

~~CORPORATE CREATIONS ENTERPRISES INC.~~

~~4621 POKER BLVD.~~

~~SUITE 211~~

~~PALM BEACH GARDENS FL 33418~~

10. Name and Address of New Registered Agent

81

Name

PETER BUFFA

82

Street Address (P.O. Box Number is Not Acceptable)

3206 NE 168 STREET

83

84

City

NORTH MIAMI BEACH

FL

85

Zip Code

33160

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, type or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐

DELETE

NAME

BUFFA, PETER  
3206 N.E. 168TH STREET  
N. MIAMI BEACH FL 33160

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0218965

CR2E034 (9/96)