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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000084147

1. Corporation Name

WHITE DIRECTORY OF FLORIDA, INC.

	Principal Place	cipal Place of Business Mailing Address										
		400 BAYOU BLVD % HODGSON RUSS ANDREWS WOO				YEAR						
	UNIT 58A	2000 GLADES RD SUITE 400 32503 BOCA RATON FL 33431					DO NOT WRITE IN THIS SPACE					
	I PENSACOLA FL US	COLA FL 32503 BOCA RATON FL 33431				-	3. Date incorporated	*	IE IN THIS	31 701		····-
							11/17/1994	Of Qualifeu			-,	_
- 1	Principal Place of Business 2a. Mailing Address						4. FEI Number				Appl	ied For
- ¦	21 4400	BAYOU-BOULEVARD	26 1945 Sherid	an-D	يرون (اتند	<u>==59-3279446</u> =	والمنطق المنطق	=- 	علته	1.	Applicable.
ì	Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Statu	s Desired			75 Ad ee Reqi	ditional uired
	City & State City & State City & State 23 PENSACOLA, FLORIDA 28 Buffalo NY			/y			6. Election Campaigr Trust Fund Contrib	_			.00 M	
	Zip	· · · · · · · · · · · · · · · · · · ·				\neg	8. This corporation o	wes the cum	ent vear Inta	naible		
	24 3250	<u> </u>	29 14223 30			İ	Personal Property		5110 y === 17110	☐ Yes		No
	24 525	9. Name and Address of Current Registered Agent					10. Name and Addre		egistered A	Agent		
	}	g, 1101110 and 11111111111111111111111111111111111	81	Name								
	HRA\	HRAWG CORP								_		
	2000 GLADES RD SUITE 400 BOCA RATON FL 33431				Street F	Addres	s (P.O. Box Number is	Not Accepta	ble)			
												,
				84	City				FL	85	Zip Co	
	office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of a familiar with, and accept the obligation	Florida. Such change was auth	norized by	the corpo	corpora oration's	ation submits this state 's board of directors. I h	ment for the nereby accep	purpose of o t the appoin	changi itment	ng its re as regi	egistered stered
	SIGNATURE	Signature, typed or printed name of registered agent a	and fills if anniirable /NOTE: Re	nanA haretsine	at signahua re	equired w	hen reinstating)		DATE			
	12.	Organization of Appendix District Control of the Co			. ognota o re		ADDITIONS/CHAN	GES TO OF	FICERS AN	D DIRI	CTOR	S IN 12
	TITLE	VPD	☐ DELETE	1.1 TITLE			ABBITTOTOTOTOTO	020 10 011		Ch		Addition
	NAME			1.2 NAME	· ·							_
STREET ADDRESS				1.3 STREET	1.3 STREET ADDRESS							_
	CITY-ST-ZIP	BUFFALO NY	*	1.4 CITY-S								
	TITLE	STD	☐ DELETE	2.1 TITLE						Ch	ange	Addition
	NAME	010		2.2 NAME								
		1945 SHERIDAN DRIVE		23 STREE	É ANDRÍESS			<u>. </u>				<u> </u>

BUFFALO NY 14223 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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, with all other like empowered.

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

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3.1 TITLE

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SIGNATURE:

BUFFALO NY

BUFFALO NY

BUFFALO NY

BUFFALO NY

LEWIS, JEAN

AS

DAVIS, NANCY J

RUNG, NANETTE J

1945 SHERIDAN DRIVE

1945 SHERIDAN DRIVE

LEWIS, WILBUR D

1945 SHERIDAN DRIVE

1945 SHERIDAN DRIVE

CITY-ST-ZIP

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OF SIGNING OFFICER OR DIRECTOR

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CR2F034 (11/98)

☐ Addition

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Addition

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