

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000091920 (6)**

1. Corporation Name

**COMPUTER DIRECTORY PUBLISHING CORP.**



Principal Place of Business

**120 NW DOUGLAS ROAD STE. A  
PEMBROKE PINES FL 33024**

Mailing Address

**120 NW DOUGLAS ROAD STE. A  
PEMBROKE PINES FL 33024**

3. Date Incorporated or Qualified

**12/20/1994**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 4101 RAVENSWOOD RD**

**26 4101 RAVENSWOOD RD**

4. FEI Number

**65-0546404**

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

**22 SUITE 113**

**27 SUITE 113**

City & State

City & State

**23 DANIA FL**

**28 DANIA FL**

Zip

Country

Zip

Country

**24 33312**

**25 USA**

**29 33312**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, STUART B  
600 SW 100TH AVENUE  
PEMBROKE PINES FL 33025**

81 Name

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

83

84 City

**FL**

85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ DELETE  
NAME **HILL, STUART B.**  
STREET ADDRESS **600 SW 100TH AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **P** ☐ DELETE  
NAME **ROSE, HENRY A.**  
STREET ADDRESS **11590 SW 9TH COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL**

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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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:

**STUART B. HILL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/96 954-431-7371**

CR2E034 (12/95)