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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # P95000014257 (6)

1. Oxiporation mario				
	ALL	44.1	INIA	

SIGNATURE:

CALL ALL, INC. Mailing Address Principal Place of Business 9540 NORCHESTER CIRCLE 9540 NORCHESTER CIRCLE TAMPA FL 33647 TAMPA FL 33647 3. Date incorporated or Qualified 3a. Date of Last Report 02/20/1995 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable *\$932<u>975</u>25* 26 21 \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5,00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zω ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 82 O'BRIEN, VINCENT A Norchester 12909 N 56TH STREET 83 **SUITE 102** 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, any accept the obligations of, Section 607.0505, Florida Statutes. Steven J. Weinstock SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE PRESIDENT TITLE SPEWN I WEINSTOCK CITCLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS TAMPA F/A. 33647 1.4 CITY - ST - ZIP CITY-ST-ZIP SecreTARY JOHN LIVATHARES 8701 ASHWORTH DRIVE Change Addition DELETE 2 1 TIFLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS FIA 33647 TAMAA 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 3 1 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7:P CITY - ST-ZIP Change Addition DELETE 6 1 THLE TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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 certify that I am an officer or director of this 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

4/12/96 (813)-973-8124