FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024130 (3)

ONLINE ASSOCIATES, INC.

Mailing Address
1598 SW 17TH ST. BOCA RATON FL 33486-6508

FILED May 14 1997 8:00am Secretary of State



1598 SW 17TH ST. BOGA RATON FL 33486		1598 SW 17TH ST. BOCA RATON FL 33486-6508					
					3. Date Incorporated or Qualified 03/27/1995	3a. Date of Las 04/05/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	├ ──+	Applied For
21		26		65-0568853	Not Applicable		
Sulte, Apt. :		Suite. Apt. #, etc.	:		5. Certificate of Status Desired	Fee	Additional Required
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip 24	Country 25	Zip 29	30	try		Yes 🗌 No	r s. 199.032,
	9. Name and Address of Curren	t Registered Agent		- .	10. Name and Address of New Re	istered Agent	
	YTLEY, PETER EQUIRE			Name			:
	1 East atlantic BLVD. Te 410			Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	MPANO BEACH FL 33062			3			
,				4 City		FL 85 Z	p Code
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the ah authorized lorida Stat	ive-named corp by the corpora les.	poration submits this statement for the p tion's board of directors. I hereby accep		g its registered as registered
SIGNATURE						,	
12.	Signature, typed or printed name of registered age OFFICERS ANI		TE Registered	gent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE TERS AND DIRECT	ORS IN 12
TITLE	D	DELFIE	13.		ADDITIONS/CHANGES TO OFFIC	Chang	
NAME	DEANGELIS, JOE		1.2 NA				•
STREET ADDRESS	1598 SW 17TH ST		1 1	LT ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 0(1	- \$1 - ZIP			
TITLE	D	DELETE	2.1 TIT			☐ Chang	ge 🔲 Addition
NAME	FISHER, MITZI		2.2 NA				
STREET ADDRESS	1599 SW 16TH ST.		2.3 \$11	I ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486	The state	2. 4 CI	- S1 - 71P		Chan	ne Addition
TITLE		☐ DELETE	3.1 TiT			LJ GHAIN	la [] Montion
NAME ATOSST ADODSSO			3.2 NA	* * * * * * * * * * * * * * * * * * *			
STREET ADDRESS			3.3 STI	T ADDRESS			
CITY-ST-ZIP TITLE		DELFTE	3 (C) 4.1 Til	ST-ZIP		Chan	ge Addition
NAME		_	4.2 NA	4			
STREET ADDRESS			4.3 \$10	T ADDRESS			
CITY-ST-ZIP			4.4 CII	S1 - 21P			
TITLE		DELETE	5.1 TIT			Chan	ge 🔲 Addition
RAME			5.2 NA				
STREET ADDRESS			5.3 ST	LADDRESS			
CITY-ST-ZIP		T pereze	5.4 CH	S1 - Zill'		Chan	ne Addition
TITLE		☐ DELETE	6.1 111			Chan	ye LI Addicion
NAME			6 2 NA	v 466.0500			
STREET ADDRESS			63 \$1	' ADDRESS			
CITY-ST-ZIP		-1 - 91 - 41 2 - 472	6.4 CI	31 - ZIP	d in Section 110 07/9/6) Florido Statuto	a. I further earlifu t	hat the

I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and is am an officer or director of the conversation or the receiver or trustee empowered to appears in Block 12 or Block 13 it/changed, or on an attachment with an address

implion stated in deciding 118.07(3)(i), from a statutes, from the recting that the trate and that my signature shall have the same logal effect as if made under oath, that tute this report as required by Chapter 607, Florida Statutes; and that my name