

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 # P95000031089 (2)

1. Corporation Name

CD-ROM UNIVERSE, INC.



Principal Place of Business

945 SPRING CIRCLE
SUITE 103
DEERFIELD BEACH FL 33441

Mailing Address

945 SPRING CIRCLE
SUITE 103
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified

04/20/1995

3a. Date of Last Report

4. FEI Number

65-0573703

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

2. Principal Place of Business

21 265 S. Federal Hwy

Suite, Apt. #, etc.

22 Suite 233

City & State

23 Deerfield Beach, FL

Zip

24 33441

Country

25 USA

2a. Mailing Address

26 265 S. Federal Hwy

Suite, Apt. #, etc.

27 Suite 233

City & State

28 Deerfield Beach, FL

Zip

29 33441

Country

30 USA

9. Name and Address of Current Registered Agent

TILLEM, SCOTT
3284 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE
NAME LANGNER, JOSEPH
STREET ADDRESS 945 SPRING CIRCLE #103
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE D ☐ DELETE
NAME LANGNER, JOSEPH
STREET ADDRESS 945 SPRING CIRCLE #103
CITY-ST-ZIP DEERFIELD BEACH FL 33441

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 PVST ☒ Change ☐ Addition
1.2 NAME LANGNER, JOSEPH
1.3 STREET ADDRESS 265 S. Federal Highway Suite 233
1.4 CITY-ST-ZIP Deerfield Beach, FL 33441

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME LANGNER, JOSEPH
2.3 STREET ADDRESS 265 S. Federal Highway Suite 233
2.4 CITY-ST-ZIP Deerfield Beach, FL 33441

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 000001814300
4.4 CITY-ST-ZIP -05/09/96--01010--033
***200.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)