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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

1. Corporation	MENT # P95000 E HOTLINE, INC.	0047515 (8	3)	I HAANKAN NA HANN ANK ATIN A	ONU BRAN OCHU ONON MORI ONON ABON DAN ABON
Principal Place	of Business	Mailing Address			
3800 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309		3600 W. COMMERCIA			
FI. DAUDERL	NATE LE 33308	FT. LAUDERDALE FL	33309	3. Date Incorporated or Qualifie	d 3a. Date of Last Report
2 Principal Pla	ace of Business	2a. Mainng Address	.,	06/19/1995 4. FEI Number	Applied For
21		26		105-002413	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	,	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 () A	7 _(p)	Country 30	***	or intangible tax under s. 199.032,
	9. Name and Address of Current	L		10. Name and Address of Nev	~
			81 Name		
CANARICK, BERNARD D 8411 W. OAKLAND PARK, BLVD., SUITE 202 SUNRISE FL 33351			82 Street Ac	dress (P.O. Box Number is Not Accep	table)
			83		
SUNNISI	E FL 33351				
	1		84 City		FL 85 Zip Code
or registen	o the provisions of Sections 607.0502 a ed agent, or Morr, in the State of Florida h, and account the obligations of Section	i. Soch change was aufnori	zed hy the comoration's be	poration submits this statement for the popul of directors. I hereby accept the a	purpose of changing its registered office populational as registered agent. I am
SIGNATURE	Signature by edictipal destinative chregological and the OFFICEUS AND		Ut: Fragistyco Agent signaturo recu	ADDITIONS OF ANDERS TO	DAIR LOY and 19/
THLE	OFFICE GRAND	DELETE	13.	ADDITIONS/CHANGES TO C	FFICERS AND DYTLCTORS IN 12 Change
NAMÉ	KEITH	-	1.2 NAME	nausbu Toni -	
STREET ADDRESS	3600 W. COMMERCIAL BLVD.		1 3 STREET ADDRESS	Maraby Toni Guod W. Commercial E	stud.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1 4 CITY - ST - ZIP	+. Lauderdale Fi	33301
TITLE		C DELETE	2 1 HTLE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4 CITY - ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE		☐ DELETE	4. † Tifl f		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		Change Addition
NAMÉ		ال المددد	5 1 DTVE 52 NAME		Charige C Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 HILF		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			G 4 CITY - ST- ZIP		

14. I do hereby certify that the information supplied with this filing is volunteally 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 the 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 13 if changed, or on an anadomient with an afteress.

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR