

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 # P95000052168 (8)

1. Corporation Name

INFOMALL LOS ANGELES, INC.



Principal Place of Business: **601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401**
Mailing Address: **601 CLEARWATER PARK ROAD WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **07/05/1995**
3a. Date of Last Report
4. FEI Number: 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 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**MORRISON, ANTHONY L
601 CLEARWATER PARK ROAD
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name: **100001720111**
82 Street Address (P.O. Box, etc.): **02721795-01016--005**
83 *****200.00**
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: PAXSON, LOWELL W		1.2 NAME: Lowell W. Paxson	
STREET ADDRESS: 601 CLEARWATER PARK ROAD		1.3 STREET ADDRESS: 601 Clearwater Park Road	
CITY-STATE-ZIP: WEST PALM BEACH FL 33401		1.4 CITY-STATE-ZIP: West Palm Beach, Florida 33401	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE: President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		2.2 NAME: James B. Bocock	
STREET ADDRESS:		2.3 STREET ADDRESS: 601 Clearwater Park Road	
CITY-STATE-ZIP:		2.4 CITY-STATE-ZIP: West Palm Beach, Florida 33401	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: Vice President, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		3.2 NAME: Arthur D. Tek	
STREET ADDRESS:		3.3 STREET ADDRESS: 601 Clearwater Park Road	
CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP: West Palm Beach, Florida 33401	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: Vice President, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: Anthony L. Morrison	
STREET ADDRESS:		4.3 STREET ADDRESS: 601 Clearwater Park Road	
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP: West Palm Beach, Florida 33401	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		5.2 NAME: William L. Watson	
STREET ADDRESS:		5.3 STREET ADDRESS: 601 Clearwater Park Road	
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP: West Palm Beach, Florida 33401	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-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 applicable, or in an attachment with an address.

SIGNATURE: *William L. Watson* (407) 659-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **William L. Watson, Assistant Secretary**
DAYTIME PHONE #

CR2E034 (12/95)