

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90078 008 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000052168**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/05/1995**

4. FEI Number: **58-2217093** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **WATSON, WILLIAM L, 601 CLEARWATER PARK ROAD, W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PAXSON, LOWELL W		1.2 NAME	
STREET ADDRESS: 601 CLEARWATER PARK ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP: WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE: P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOCOCK, JAMES B		2.2 NAME	
STREET ADDRESS: 601 CLEARWATER PARK ROD		2.3 STREET ADDRESS	
CITY-ST-ZIP: WEST PALM BEACH FL 33401		2.4 CITY-ST-ZIP	
TITLE: VPT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TEK, ARTHUR L		3.2 NAME	
STREET ADDRESS: 601 CLEARWATER PARK ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP: WEST PALM BEACH FL 33401		3.4 CITY-ST-ZIP	
TITLE: ASVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORRISON, ANTHONY L		4.2 NAME	
STREET ADDRESS: 601 CLEARWATER PARK ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP: WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WATSON, WILLIAM L		5.2 NAME	
STREET ADDRESS: 601 CLEARWATER PARK ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP: WEST PALM BEACH ROAD FL		5.4 CITY-ST-ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GAMACHE, KENNETH M.		6.2 NAME	
STREET ADDRESS: 601 CLEARWATER PARK ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP: WEST PALM BEAC FL 33401		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: William Watson Date: 1/20/99 Daytime Phone #: (561)659-4122

CR2E034 (1/98)