


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000077983 (0) 1. Corporation Name COMMUNIQUE RESPONSE INTERNATIONAL, INC.			
Principal Place of Business 11419 WHISPERING HOLLOW DRIVE TAMPA FL 33635		Mailing Address P.O. BOX 340483 TAMPA FL 33694-0483	
2. Principal Place of Business 21 SAME Suite, Apt. #, etc.		2a. Mailing Address 26 11419 WHISPERING HOLLOW Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 TAMPA FL		28 TAMPA FL	
24 Zip		25 Country	
24 33635		25 USA	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
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.		1. Name	
SIGNATURE		2. Street Address (P.O. Box Number is Not Acceptable)	
Signature, type or printed name of registered agent and fee if applicable		83	
(NOTE: Registered Agent signature required when reinstating)		84 City	
DATE		85 Zip Code	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD <input checked="" type="checkbox"/> DELETE		1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME HARRIS, SHELIA		1.2 NAME ROBERT HENRY	
1.3 STREET ADDRESS 11419 WHISPERING HOLLOW DRIVE		1.3 STREET ADDRESS 11419 WHISPERING HOLLOW DR	
1.4 CITY-ST-ZIP TAMPA FL 33635		1.4 CITY-ST-ZIP TAMPA FL 33635	
2.1 TITLE VTD <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME GORDON, CHRISTOPHER D		2.2 NAME	
2.3 STREET ADDRESS 11419 WHISPERING HOLLOW DRIVE		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP TAMPA FL 33635		2.4 CITY-ST-ZIP	
3.1 TITLE SD <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME HENRY, JUDITH		3.2 NAME	
3.3 STREET ADDRESS 11419 WHISPERING HOLLOW DRIVE		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP TAMPA FL 33635		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christopher D Gordon CHRISTOPHER D GORDON 420/97 813-891-0671			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)