

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

FILED

Feb 05 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 # P96000090332 (3)

1. Corporation Name
LIST2000, INC.



Principal Place of Business
700 W. HILLSBORO BLVD.
SUITE 105 BLDG. 1
DEERFIELD BEACH FL 33441

Mailing Address
700 W. HILLSBORO BLVD.
SUITE 105 BLDG. 1
DEERFIELD BEACH FL 33441-1612

3. Date Incorporated or Qualified 11/04/1996	3a. Date of Last Report
4. FEI Number 65-0709091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
PECK, DAVID
700 W. HILLSBORO BLVD.
SUITE 105 BLDG. 1
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD URESIN, NAIM <input type="checkbox"/> DELETE
NAME	700 W. HILLSBORO BLVD., STE 105 BLDG 1
STREET ADDRESS	DEERFIELD BEACH FL 33441
CITY - ST - ZIP	
TITLE	STD URESIN, SEMIH <input type="checkbox"/> DELETE
NAME	700 W. HILLSBORO BLVD., STE 105 BLDG 1
STREET ADDRESS	DEERFIELD BEACH FL 33441
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	STD, V. CTO (CHIEF TECHNICAL OFFICER) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEMIH URESIN
2.3 STREET ADDRESS	700 W. HILLSBORO BLVD, STE 105 BLDG 1
2.4 CITY - ST - ZIP	DEERFIELD BEACH FL 33441
3.1 TITLE	COO (CHIEF OPERATIONS OFFICER) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID B PECK
3.3 STREET ADDRESS	700 W. HILLSBORO BLVD, STE 105 BLDG 1
3.4 CITY - ST - ZIP	DEERFIELD BEACH FL 33441
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Semi H Uresin 1/13/97 (954) 429-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)