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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000092018

1. Corporation Name

CALL MANAGEMENT GROUP, INC.

Principa	I Place	of Bu	siness

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90175 043 ***150.00

	8211 8 4 11 8 1 9 118 11 8 12	

Principal Place	of Business	Mailing Address					••••••
600 FAIRWAY D	PRIVE STE 108	600 FAIRWAY DRIVE STE 108					
DEERFIELD BEA	ICH FL 33441	DEERFIELD BEACH FL 33441			DO NOT WRITE IN TH	IIS SDACE	
ĺ	·				3. Date Incorporated or Qualified	IIO OFACE	
					11/06/1996		ł
	The state of Paris and Par	2a. Mailing Address	_		4. FEI Number		Applied For
	ace of Business	},			65-0710225	⊢ ∔−	Not Applicable
	N. HEDERAL HWY	Suite, Apt. #, etc.					Additional
☐		5. Certifcate of Status Desired		Required *			
22 77 27 City & State City & State		6. Election Campaign Financing	\$5.0	D May Be			
23 BOCA RATON FL 28		Trust Fund Contribution Added to Fees					
Zip Country Zip Country		8. This corporation owes the current year Intangible					
24 3348	7 [25] USA	29 30)		Personal Property Tax. Yes No		
	9. Name and Address of Current				10. Name and Address of New Registers	d Agent	
	· ·		81	Name [AROLD R. CTROSS		
1	SS, HAROLD R	•	82		(C.O. Boy Mumber is Not Assentable)		
	FAIRWAY DRIVE STE 108		"	744	I N PEDERAL HWY	# C5	- 257
DEE	RFIELD BEACH FL 33441		83		1		
			84	City T		. 85 <u>Zi</u> j	Code 7
}			1 '	City B			ו יפדרכי
11. Pursuant	to the provigions of Sections 607,9502	2 and 607.1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing i	ts registered
office or re	egistered agent, or both, in the State on familiax with, and accept he obligat	of Florida. Such change was autho tions of, Section 607,0505, Florida	rized by Statutes	the corporati	ion's board of directors. I hereby accept the app	oomunent as	registered
	() to . 0.000)	_			418/9°	7	
SIGNATURE	Signalure, byped or printed name of registered agen	t and title if applicable. (NOTE: Reg	istered Ager	nt signature requir	ed when reinstating) /DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D ·	☐ DELETE	1.1 TITLE			☐ Chang	a Addition
NAME (GROSS, HAROLD R		1.2 NAME				1
STREET ADDRESS	6935 NW 5 AVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487		1,4 CITY-S	T- ZIP			Addition
TITLE	D	☐ DELETE	2.1 TITLE			Chang	∌ ☐ Addition
NAME	COLE, ERIC M	,	2.2 NAME				Ĭ
STREET ADDRESS	565 JEFFERSON DR #101		2,3 STREE	TADDRESS			J
CITY-ST-ZIP	DEERFIELD BCH FL 33442		2. 4 CITY-5	ST-ZIP		Chann	e
TITLE	D	☐ DELETE	3.1 TITLE			☐ Chang	≥ □ Modifio()
NAME	COLE, EDWARD G		3.2 NAME				ļ
STREET ADDRESS	2046 SE TALBOT		3,3 STREE	TADDRESS			
CITY-ST-ZIP	STUART FL 34997		3.4. CITY-5	ST-ZIP			e 🔲 Addition
IIITE		☐ DELETE	4.1 TITLE	1		☐ Chang	e Madigai
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRE\$\$			
CITY-ST-ZIP		<u></u> ,	4,4 CITY-S	T-ZIP			
TITLE		☐ DEFELE	5.1 TITLE			∐ Chang	e L Addition
NAME			5.2 NAME	-			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			- (100) 8 100
TITLE		☐ DELETE	6.1 TITLE			Chang	e [iii] Addition
NAME			6.2 NAME				Í
STREET ADDRESS	_		6.3 STREE	T ADDRESS			ļ
CITY 07 310	•		6.4 CITY-S	T-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

Daytime Phone #