


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 # P97000027985					
1. Corporation Name DIRECTORY PUBLICATIONS, INC.					
Principal Place of Business 12491 BAYWIND COURT BOCA RATON FL 33428			Mailing Address 12491 BAYWIND COURT BOCA RATON FL 33428		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/27/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0733193	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
TIMMS, ADELE 12491 BAYWIND COURT BOCA RATON FL 33428		81 Name Edward Timms 82 Street Address (P.O. Box Number is Not Acceptable) 12491 Baywind Court 83 84 City Boca Raton FL 85 Zip Code 33428			
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reappointing) DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE P <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME TIMMS, ADELE			1.2 NAME		
1.3 STREET ADDRESS 12491 BAYWIND COURT			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP BOCA RATON FL 33428			1.4 CITY-ST-ZIP		
2.1 TITLE V <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME TIMMS, EDWARD			2.2 NAME		
2.3 STREET ADDRESS 12491 BAYWIND COURT			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP BOCA RATON FL 33428			2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Tallahassee, Florida

10/4/99 (561) 852-2881