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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000064513 (9)

CONSUMER ONLINE DIRECTORY, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									1 10011001 110	******	18 III - 8 BIII - 8	8111 38 // 8 817	FI WILD! EFIUI	11000 1111 1001	
2455 EAST SUNRISE BLVD. #502 2455 EAST SUNRISE BLVD. #502								l							
FORT LAUDE	RDALE FL 33	3304	FOR	FORT LAUDERDALE FL 33304					DO NOT WRITE IN THIS SPACE						
								3.	Date Incorpo			_ /// // // // //	- TIOL	<u></u>	\neg
									07/25/199						
2. Principal P	lace of Busin	ness	2a. M	2a. Mailing Address					FEI Number				را ار	Applied For	7
21		26	26				[63	_	076	5996	8 🗔	Not Applicab	le	
Suite, Apt.	#, etc.	St	Suite, Apt. #, etc.				5	Certificate of	Status D	esired			Additional		
22		27						- Continuate of	Oldres D			Fee	Required	_	
City & State	9		City & State					Election Cam		•	_		May Be	-	
Zip		28	Zip Country					Trust Fund Contribution Added to Fees							
24	} -¬			29 30				R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No							1
Z4	4 25 25 S. Name and Address of Current			ed Agent	1301			10.	10, Name and Address of New Registered Agent						
SC		GERALD S				81	Name)				•			
ł .		UNRISE BLVD.	#502			82	Ctroot	Address (F	P.O. Box Numb	or in Not	Accordo	hin)	-		4
	RT LAUDE				62	Street	(Augress (r	".O. BOX NUME	Jer is Not	Accepia	bie)				
	=		•			83						-			
						84	City					•	85 Zij	o Code	
							•					FL			
l of fice or r	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statulos, 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															.
12.	Signature typed	OFFICE	RS AND DIRECTO				nt signature	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							-1
TITLE	PD	OH ICE	no Antiz tant ore	DELETE	1.1 T	TLE	 		KHOU		10 0111	OLINO / NI NE	Change		n i
NAME		ION, DAVID		_	1.2 N			, ,			•		·	•	
STREET ADDRESS		AST SUNRISE E	LVD. #502	1.3 \$16			ADDRESS								
CITY-ST-ZIP	FORT L	AUDERDALE FL	. 33304		1.4 C	1 1 Y - S1	I - ZIP		Λ						
TITLE	VD			DELETE	2.1 TI	TLE		VICE	(nes	106	<u>1</u>		Change	Additio	n n
NAME		ZER, GERALD :				AME		' -	, ,		-		•		- [
STREET ADDRESS					2.3 S										- 1
CITY-ST-ZIP				\	2.40			<u> </u>			· · ·				4
TITLE	210					3.1 TITLE							Change	. Additio	n
NAME SUTNERLAND SCOTT			110 4500	•	3.2 NA										
STREET ADDRESS 2435 EAST SUINRISE DLVD. # FORT LADDERDALE FL 33904			N. VU. #502			3 STREET ADDRESS 4. City-St-Zip									
CITY-ST-ZIP TITLE	רטתוינ D	AUDENDALE FL	. 33404	DELETE 4.1			T-ZIP	600					Change	Additio	<u></u>
NAME	TOHME, LOURDES					. 2 NAME		1270	CKHOL	nal	_		- January	- Julyin	"
STREET ADDRESS		AST SUNRISE E	LVD. #502				ADDRESS								
CITY-ST-ZIP		AUDERDALE FL				ITY-\$1									
TITLE	. 37., 6	1		DELETE	5.1 TI			 					Change	Additio	n I
NAME					5.2 N										
STREET ADDRESS					5.3 S	TREET.	ADDRESS								
CITY-ST-ZIP					5.4 C	ITY-S]	T- 71P	<u> </u>							
TITLE				DELETE	6.1 TI	TLE	.,						Change	Additio	n
NAME					6.2 N	AMÉ									
STREET ADDRESS					6.3 S	TREET.	ADDRESS								
CITY-ST-ZIP						ITY-SI		<u></u>	140.05107				Sara is see		_
i 14. ihereb∨o	certify that th	ie information sub-	oned with this film	does not qualify t	or the ex	lame	ion stati	tea in Sectio	on 119.07(3)(i)	. Florida	Siaiules.	ı turmer Ce	aruiv inat ti	ie informatio	n I

reflect very trial the information supplies with this limit does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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 logal 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 in hanged, or on an attachment with an address.