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Secretary of State

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CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Name and Mailing Address of Corporation: DOCUMENT # P9800052252

CD FAX SERVICE, INC
11232 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

If above mailing address is incorrect in any way, list through incorrect information and enter correction in Block 2.

FILING FEE ANNUAL REPORT + \$ CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

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

9. Name and Address of Current Registered Agent

Willis King, Jr
11232 W. Sample Road
Coral Springs, FL 33065

01 Name		
02 Street Address (P.O. Box Number is Not Acceptable)		
03		
04 City	05 Zip Code	06 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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

DATE

(If Registered Agent Accepts Appointment)

12. OFFICERS AND DIRECTORS

1.1 TITLE	P.D.
1.2 NAME	Willis King, Jr
1.3 ADDRESS	11232 W Sample Road
1.4 CITY- ST- ZIP	Coral Springs, FL 33065
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY- ST- ZIP	

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE	
1.2 NAME	
1.3 ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY- ST- ZIP	

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE

Willis King, Jr

DATE

4/28/99