FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:40

DOCUMENT # S02046 (8)

1. Corporation Name
CALL NOW, INC.

Principal Place of Business	Mailing Address
P O BOX 531399 MIAMI SHORES FL 33153	P O BOX 531399 MIAMI SHORES FL 33153

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/25/1990
3a. Date of Last Report: 04/07/1994
4. FEI Number: 65-0337175 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BERNSTEIN, JOEL
9701 BISCAYNE BLVD.
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, WILLIAM M	1.2 NAME	
STREET ADDRESS	9701 BISCAYNE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	LURVEY, SUSAN E	2.2 NAME	
STREET ADDRESS	9701 BISCAYNE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	CORNWELL, LARRY	3.2 NAME	Max D. Allen
STREET ADDRESS	7051 CHARLES HUMPHREY RD.	3.3 STREET ADDRESS	1000 Fountainwood Drive
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	Georgetown, TX 78628
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, WILLIAM R.	4.2 NAME	Delete
STREET ADDRESS	3506 CEDARS SPRINGS, SUITE A	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	TUCK, TIMOTHY	5.2 NAME	Delete
STREET ADDRESS	135 W. CENTRAL BLVD., SUITE 1050	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	BEAHN, RAYMOND	6.2 NAME	Delete
STREET ADDRESS	1515 RINGLING BLVD., SUITE 990	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: [signature] 305-751-5115
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Susan E. Lurvey, Corporate Secretary 02/02/95
Title — Daytime Phone #

0420301 FP