

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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90028 008 ***150.00

DOCUMENT # S02046

1. Corporation Name
CALL NOW, INC.

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

Mailing Address
P O BOX 531399
MIAMI SHORES FL 33153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 10803 Gulfdale

Suite, Apt. #, etc.
22 Suite 222

City & State
23 San Antonio, TX

Zip Country
24 78216-3634 25 USA

2a. Mailing Address

26 10803 Gulfdale

Suite, Apt. #, etc.
27 Suite 222

City & State
28 San Antonio, TX

Zip Country
29 78216-3634 30 USA

3. Date Incorporated or Qualified

09/25/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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)
11900 Biscayne Boulevard

83 Suite 604

84 City
Miami

FL 85 Zip Code
33181

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DC ALLEN, WILLIAM M
STREET ADDRESS
9701 BISCAYNE BLVD
CITY-ST-ZIP
MIAMI SHORES FL

TITLE ☐ DELETE

NAME
ST LURVEY, SUSAN E
STREET ADDRESS
9701 BISCAYNE BLVD
CITY-ST-ZIP
MIAMI SHORES FL

TITLE ☐ DELETE

NAME
D BUFFIN, ROBERT C
STREET ADDRESS
10803 GULFDALE, #222
CITY-ST-ZIP
SAN ANTONIO TX

TITLE ☐ DELETE

NAME
P BROWN, BRYAN, P,
STREET ADDRESS
9701 BISCAYNE BLVD
CITY-ST-ZIP
MIAMI SHORES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
10803 Gulfdale, Suite 222
San Antonio, TX 78216-3634

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
6340 Fox Run Circle
Jupiter, FL 33458

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.33.99

(210) 349-4141

Date

Daytime Phone #

0559341

CR25034 11/1/98