

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995				FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S34632 (7)					
1. Corporation Name DIRECTORY SYSTEMS, INC.					
Principal Place of Business 3570 CONSUMER STREET PALM BEACH GARDENS FL 33404			Mailing Address 3570 CONSUMER STREET PALM BEACH GARDENS FL 33404		
DO NOT WRITE IN THIS SPACE.					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			3a. Date of Last Report 05/01/1994 3. Date Incorporated or Qualified 02/28/1991 4. FEI Number 65-0248200 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24 Zip Country			25 Suite, Apt. #, etc. 26 City & State 27 Zip Country		
28 Zip Country			29 Suite, Apt. #, etc. 30 City & State 31 Zip Country		
9. Name and Address of Current Registered Agent FILINGS INC. 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311			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 fee if applicable (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition		
NAME	BONE, ROBERT T.	1.2 NAME			
STREET ADDRESS	356 GOLFVIEW ROAD, APT. 305	1.3 STREET ADDRESS			
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	1.4 CITY - ST - ZIP			
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition		
NAME	BONE, BARBARA L.	2.2 NAME			
STREET ADDRESS	356 GOLFVIEW ROAD, APT. 305	2.3 STREET ADDRESS			
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	2.4 CITY - ST - ZIP			
TITLE		3.1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3.4 CITY - ST - ZIP			
TITLE		4.1 TITLE	☐ Change ☐ Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE		5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIP		5.4 CITY - ST - ZIP			
TITLE		6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		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)(k), 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.					
SIGNATURE: <u>Robert T. Bone</u> 6/19/95 407 812-1400 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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