

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S56094 (3)

1. Corporation Name
DIRECTORY PUBLISHING SERVICES, INC.

Principal Place of Business
1700 E. LAS OLAS
SUITE 100
FT. LAUDERDALE FL 33301

Mailing Address
1700 E. LAS OLAS
SUITE 100
FT. LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 351 S Cypress Rd Suite, Apt. #, etc. Suite 400 City & State Pompano Beach FL Zip 33060 Country		2a. Mailing Address 26 351 S Cypress Rd Suite, Apt. #, etc. Suite 400 City & State Pompano Beach FL Zip 33060 Country		3. Date Incorporated or Qualified 05/30/1991	
				4. FEI Number 65-0264651	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEVINE, RALPH 1700 E. LAS OLAS SUITE 100 FT. LAUDERDALE FL 33301		10. Name and Address of New Registered Agent 81 Name DEVINE, Ralph 82 Street Address (P.O. Box Number is Not Acceptable) 351 S CYPRESS ROAD 83 SUITE 400 84 Pompano Beach FL 85 Zip Code 33060	
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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 (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	DEVINE, RALPH
NAME	DEVINE, RALPH L	1.2 NAME	351 S CYPRESS RD.
STREET ADDRESS	1700 E. LAS OLAS #100	1.3 STREET ADDRESS	SUITE 400
CITY-ST-ZIP	PORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Pompano Beach FL 33060
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

CR2E034 (10/97)