

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 15 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # VO3696

(4)

1. Corporation Name

DIAL ME CORP.

Principal Place of Business

Mailing Address

7040 W. PALMETTO PARK RD 7040 W. PALMETTO PARK RD
BOCA RATON FL 33433 SUITE 2-504 BOCA RATON FL 33433
US SUITE 2-504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1991	4. Date of Last Report 04/21/1994
5. FEI Number 65-0305397	Applied For ☐ Not Applicable
6. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
7. Election to be taxed as a corporation ☐	\$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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELTON, MURRAY

6942 GONOMA LANE BLVD. 7040 PALMETTO PARK RD
BOCA RATON FL 33450 33433 SUITE 2-504

81 Name	82 P.O. Box Number (P.O. Box Number is Not Acceptable)
83	84 City
85 FL	86 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

[Signature]

3/16/95

Signature must be of registered agent and the corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE D	NAME SHELTON, MURRAY	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 2712 McRilla Dr Boca Raton FL		1.2 NAME	
CITY-ST-ZIP BOCA RATON FL 33433		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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****200.00 ****200.00

566 3-15-95

I do hereby certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 607.0502(1)(b) of the Florida Statutes. I also certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same effect as that of the corporation. 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 the person appears in Block 12 or 13 of this report as an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/95