FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthan: ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (8)TOUCHTONE 800 PROGRAM, INC. Principal Place of Business Mailing Address 3550 BISCAYNE BLVD. 3550 BISCAYNE BLVD. 705 MIAMI FL 33137 **MIAMI FL 33137** 3. Date Incorporated or Qualified 3a. Date of Last Report U\$ 05/11/1992 09/18/1995 2. Principal Place of Business 2a. Mailing Address **FEI Number** Applied For 21 65-0334082 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zio Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 **2**9 ☐ Yes ☐ No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GROSSFELD, KENNETH Street Address (P.O. Box Number is Not Acceptable) 3550 BISCAYNE BLVD. STE 705 83 **MIAMI FL 33137** Zip Code 85 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 hoard of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Recistered Agent surviving (12/95)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DECETE TITLE 1.13:10 Change Addition NAME GROSSFELD, KEN 1.2 NAME CR2E034 3550 BISCAYNE BLVD, #705 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 011Y-S1-ZIP 1.4 CHY - ST- Zif **VPT** THLE DELETE 2 FTHLE Change Addition STEIN. MOSHE NAME 2.2 NAME 3550 BISCAYNE BLVD. #705 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CHY ST-ZIP 2.4 CHY - ST-ZIP TILLE DELETE 3 1 TITLE Change nc:tibbA [NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 City - ST - ZiP DELETE TITLE 4.1 THE Change Addition | NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 0:1Y-\$1-7:P 4.4 CIT<u>Y - ST - ZIF</u> THE DELETE 5 1 TITLE Change Add tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - 21F 5.4 CITY - S' - 7 P TITLE DELETE 6 1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST- 7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and docs 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 earth; 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

SIGNATURE:

oath; that I am an officer or director of the appears in Block 12 or Block 13 if change

CENNETH CROSSFELD

3.21.96

309.576.6166