

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V71823** (1)

1. Corporation Name

E-MAIL OF AMERICA, INC.



Principal Place of Business

**1475 BANKS ROAD
MARGATE FL 33063**

Mailing Address

**1475 BANKS ROAD
MARGATE FL 33063**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BRENNERS, STEVEN R.
3200 UNIVERSITY DR.
SUITE 28
CORAL SPRINGS FL 33065**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/19/1992

3a. Date of Last Report

05/31/1995

4. FEI Number

65-0363906

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of ~~Current~~ Registered Agent

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 of person filing this report as required by statute

Print Name of Agent (signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**DPS
NEWMAN, HOWARD L.
1475 BANKS ROAD
MARGATE FL**

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

**T
NEWMAN, HOWARD L.
1475 BANKS ROAD
MARGATE FL**

☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

[] DELETE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

[] DELETE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

[] DELETE

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 the 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 registered 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, with an attachment with an address.

2/21/96

(305) 970-4329

CR2E034 (12/95)