

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB -8 AM 8:40**

**DOCUMENT # S02046 (8)**

1. Corporation Name  
**CALL NOW, INC.**

Principal Place of Business Mailing Address  
**P O BOX 531399 MIAMI SHORES FL 33153**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/25/1990** 3a. Date of Last Report **04/07/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>65-0337175</b>		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BERNSTEIN, JOEL 9701 BISCAYNE BLVD. MIAMI SHORES FL 33138</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, WILLIAM M</b>	1.2 NAME	
STREET ADDRESS	<b>9701 BISCAYNE BLVD</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI SHORES FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LURVEY, SUSAN E</b>	2.2 NAME	
STREET ADDRESS	<b>9701 BISCAYNE BLVD</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI SHORES FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CORNWELL, LARRY</b>	3.2 NAME	<b>Max D. Allen</b>
STREET ADDRESS	<b>7051 CHARLES HUMPHREY RD.</b>	3.3 STREET ADDRESS	<b>1000 Fountainwood Drive</b>
CITY- ST- ZIP	<b>PLANT CITY FL</b>	3.4 CITY- ST- ZIP	<b>Georgetown, TX 78628</b>
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, WILLIAM R.</b>	4.2 NAME	<b>Delete</b>
STREET ADDRESS	<b>3508 CEDARS SPRINGS, SUITE A</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DALLAS TX</b>	4.4 CITY- ST- ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCK, TIMOTHY</b>	5.2 NAME	<b>Delete</b>
STREET ADDRESS	<b>135 W. CENTRAL BLVD., SUITE 1050</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ORLANDO FL 32801</b>	5.4 CITY- ST- ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAHN, RAYMOND</b>	6.2 NAME	<b>Delete</b>
STREET ADDRESS	<b>1515 RINGLING BLVD., SUITE 090</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>SARASOTA FL 34236</b>	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 left an attachment with an address.

SIGNATURE: *Susan E. Lurvey* **Susan E. Lurvey, Corporate Secretary 02/02/95**

305-751-5115