

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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90028 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S02046

1. Corporation Name
CALL NOW, INC.

Principal Place of Business P O BOX 531399 MIAMI SHORES FL 33153	Mailing Address P O BOX 531399 MIAMI SHORES FL 33153
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1990	
4. FEI Number 65-0337175	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 10803 Gulfdale Suite, Apt. #, etc. 22 Suite 222 City & State 23 San Antonio, TX Zip Country 24 78216-3634 25 USA	2a. Mailing Address 26 10803 Gulfdale Suite, Apt. #, etc. 27 Suite 222 City & State 28 San Antonio, TX Zip Country 29 78216-3634 30 USA	9. Name and Address of Current Registered Agent BERNSTEIN, JOEL 9701 BISCAYNE BLVD. MIAMI SHORES FL 33138	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11900 Biscayne Boulevard 83 Suite 604 84 City Miami FL 85 Zip Code 33181
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, WILLIAM M	1.2 NAME	
STREET ADDRESS	9701 BISCAYNE BLVD	1.3 STREET ADDRESS	10803 Gulfdale, Suite 222
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	San Antonio, TX 78216-3634
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LURVEY, SUSAN E	2.2 NAME	
STREET ADDRESS	9701 BISCAYNE BLVD	2.3 STREET ADDRESS	6340. Fox Run Circle
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFIN, ROBERT C	3.2 NAME	
STREET ADDRESS	10803 GULFDALE, #222	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BRYAN, P,	4.2 NAME	
STREET ADDRESS	9701 BISCAYNE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:  03.33.99 (210) 349-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25034 11/08