

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 # P92000007466 (5)

1. Corporation Name

ALEXANDER'S DIRECT MAIL SERVICES INC.



Principal Place of Business

6956 PHILLIPS PARKWAY DRIVE N.
JACKSONVILLE FL 32256

Mailing Address

6956 PHILLIPS PARKWAY DRIVE N.
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
01/01/1993

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3148117

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

9. Name and Address of Current Registered Agent

ALEXANDER, ALICE T.
6956 PHILLIPS PARKWAY DRIVE N.
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ALEXANDER, ALICE T. 1526 SILVER OAK LANE JACKSONVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
NAME	ALEXANDER, ALICE T.		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1526 SILVER OAK LANE		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE	DVS ALEXANDER, ROBERT C. S 1526 SILVER OAK LANE JACKSONVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
NAME	ALEXANDER, ROBERT C. S		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1526 SILVER OAK LANE		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE	V ALEXANDER, ROBERT C. J 1526 SILVER OAK LANE JACKSONVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
NAME	ALEXANDER, ROBERT C. J		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1526 SILVER OAK LANE		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE	VT ALEXANDER, RICHARD 1526 SILVER OAK LANE JACKSONVILLE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
NAME	ALEXANDER, RICHARD		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1526 SILVER OAK LANE		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE	V JONES, CURTIS 1526 SILVER OAK LANE JACKSONVILLE FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
NAME	JONES, CURTIS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1526 SILVER OAK LANE		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
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 on an attachment with an address.

SIGNATURE:

Alice T. Alexander

Alice T. Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-262-6570

DATE OF FILING

CR2E034 (12/95)