

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90052 049 ***150.00

DOCUMENT # P92000007466

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4870 Victor St. 22 Suite, Apt. #, etc. 23 JAX, FL DUVAL 24 32207 25 DUVAL 26 27 Suite, Apt. #, etc. 28 City & State JAX, FL DUVAL 29 30 Zip Country

3. Date Incorporated or Qualified 01/01/1993
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 owes the current year Intangible Personal Property Tax. 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	Change Addition
NAME	ALEXANDER, ALICE T.	1.2 NAME	
STREET ADDRESS	1526 SILVER OAK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	Change Addition
NAME	ALEXANDER, ROBERT C. S	2.2 NAME	
STREET ADDRESS	1526 SILVER OAK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	Change Addition
NAME	ALEXANDER, RICHARD	3.2 NAME	
STREET ADDRESS	1526 SILVER OAK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	Change Addition
NAME	JONES, CURTIS	4.2 NAME	
STREET ADDRESS	1526 SILVER OAK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/22/99 904-443-7384 Date Daytime Phone #

CR2E034 (11/98)