

FILE NOW: FILING FEE AFTER MAY 1 IS \$220.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 APR 21 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000031555 (3)**

1. Corporation Name  
**PRO DIRECT INTERVIEWING CORP. OF FLORIDA**

2. Date Incorporated or Qualified: **04/20/1994**  
3a. Date of Last Report: / /  
3b. Date of Next Report: / /

9. Principal Place of Business  
21. **25400 US 19 N**  
Suite, Apt. #, etc.

2a. Mailing Address  
26. Suite, Apt. #, etc.

4. FEI Number  
**57-3247176**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. **Clearwater FL**  
City & State

26. City & State

24. **34623** Zip  
25. **FL** Country

28. Zip  
30. Country

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>WOOD, PETER</b>
STREET ADDRESS	<b>C/O ONE CHERRY HILL, SUITE 700</b>
CITY-ST-ZIP	<b>CHERRY HILL NJ 08002-2101</b>
TITLE	<b>D</b>
NAME	<b>PINSKY, ROBERT</b>
STREET ADDRESS	<b>C/O ONE CHERRY HILL, SUITE 700</b>
CITY-ST-ZIP	<b>CHERRY HILL NJ 08002-2101</b>
TITLE	<b>D</b>
NAME	<b>KREKSTEIN, MICHAEL H</b>
STREET ADDRESS	<b>C/O ONE CHERRY HILL, SUITE 700</b>
CITY-ST-ZIP	<b>CHERRY HILL NJ 08002-2101</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **x Peter Wood** *Peter Wood* **x 4/17/95** **x 6094528400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Business Fees