FILE NOW. FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

1995 MAY -1 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000091580

1. Corporation Name

DIRECT RESPONSE MARKETING INSTITUTE, INC.

Principal Place of Business
255 So. Orange Ave.
Sixth Floor
Orlando, FL 32801

Mailing Address
255 So. Orange Avenue
Sixth Floor
Orlando, FL 32801

3. Date Incorporated or Qualified: 12-16-94

3a. Date of Last Report:

2. Principal Place of Business: 21

2a. Mailing Address: 26

Suite, Apt. #, etc.: 22

Suite, Apt. #, etc.: 27

City & State: 23

City & State: 28

Zip: 24 Country: 25

Zip: 29 Country: 30

4. FEI Number: 59-3291203 — 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

PINO, LAURENCE J.
255 So. Orange Avenue, Sixth Floor
ORLANDO FL 32801

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	PD T	1.1 TITLE	☐ Change ☐ Addition
NAME	PINO, LAURENCE J	1.2 NAME	
STREET ADDRESS	255 So. Orange Ave., 6th Flr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, PATRICIA T.	2.2 NAME	
STREET ADDRESS	255 So. Orange Ave., 6th Flr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 is an attachment with an addition.

SIGNATURE: _____ 4/23/95 407-425-7831
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Laurence J. Pino, President

Taxed 5-1-95