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 # **547670** **(0)**

1. Corporation Name
DIRECT MARKET CONCEPTS, INC.

Principal Place of Business
11700 CENTRAL PARKWAY
JACKSONVILLE FL 32224

Mailing Address
11700 CENTRAL PARKWAY
JACKSONVILLE FL 32224

3. Date Incorporated or Qualified: **09/27/1977**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1769957** 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**
C T CORPORATION SYSTEM
1200 SOUTH 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
Signature of a member of the board of directors or agent
Typed or Printed Name of Signer
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVID, WILLIAM	1.2 NAME	
STREET ADDRESS	11700 CENTRAL PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOUSTON, HARTE H	2.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA DR SUITE 800	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78216	2.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, LARRY	3.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	3.4 CITY-ST-ZIP	
TITLE	DVS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CREWS, DONALD R	4.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 800	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RITCHIE, RICHARD L	5.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 800	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HOCHHAUSER, RICHARD M	6.2 NAME	
STREET ADDRESS	200 CONCORD PLAZA DRIVE SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	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 on an attachment with an address.

SIGNATURE: Donald R. Crews — 4/17/96 — 210-829-9358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald R. Crews

CR2E034 (12/95)