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FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 547670 (0)  
1. Corporation Name  
DIRECT MARKET CONCEPTS, INC.

Principal Place of Business  
7498 FULLERTON ST  
BLDG 600  
JACKSONVILLE FL 32256  
US

Mailing Address  
P.O BOX 269  
SAN ANTONIO TX 78291  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/27/1977

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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

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

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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	P	1.1 TITLE	P
NAME	DAVID, WILLIAM	1.2 NAME	Jim Davis
STREET ADDRESS	11700 CENTRAL PARKWAY	1.3 STREET ADDRESS	7498 Fullerton St., Bldg 600
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	DV	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	T	5.1 TITLE	
NAME	ORTIZ, FEDERICO	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	6.1 TITLE	
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 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.

SIGNATURE: Federico Ortiz  
Date: 4/21/98  
210-829-9002

CR2E034 (10/97)