

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 3-19-96 B- 2522 DIVISION OF CORPORATIONS C

DOCUMENT # 743463

(2)

1. Corporation Name

FLORIDA DIRECT MARKETING ASSOCIATION, INCORPORATED



Principal Place of Business

1395 NW 167 ST
MIAMI FL 33169
US

Mailing Address

1395 NW 167 ST
SUITE 100
MIAMI FL 33169
US

3. Date Incorporated or Qualified
06/30/1978

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2489368

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

10. Name and Address of New Registered Agent

BREVDA, PAUL
MORRIS BREVA & CO
1395 NW 167 STREET
MIAMI FL 33169

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DUNHILL, ROBERT
STREET ADDRESS 1951 NW 19 ST.
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME ORNSTEIN, BALIFF KAREN
STREET ADDRESS 601 S.W. 4TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE DVP
NAME RICHARDS, KAREN
STREET ADDRESS 1951 NW 19 ST.
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE DS
NAME LAREMORE, DARRELL
STREET ADDRESS 20845 RAMITA TRAIL
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT
NAME BREVDA, PAUL
STREET ADDRESS 13195 NW 167 STREET
CITY-ST-ZIP MIAMI FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DC
NAME KAUFMAN, BETTY
STREET ADDRESS 8851 NW 10 PLACE
CITY-ST-ZIP PLANTATION FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

407 3470200
Date Daytime Phone #

CR2E037 (12/95)