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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 743463 (2)  
1. Corporation Name  
FLORIDA DIRECT MARKETING ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address  
1395 NW 167 ST 8200 W. Sunrise Blvd. 1395 NW 167 ST 8200 W. Sunrise Blvd.  
MIAMI FL 33169 SUITE 100 Sunrise, FL 33322  
US MIAMI FL 33169-5742

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	06/30/1978	03/20/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2489368	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent

BREYDA, PAUL  
MORRIS BREYA & CO  
1395 NW 167 STREET  
MIAMI FL 33169  
8200 S. Sunrise Blvd. #D-2  
Sunrise, FL 33322

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	DUNHILL, ROBERT	1.2 NAME	Duffy Dyer
STREET ADDRESS	1951 NW 19 ST.	1.3 STREET ADDRESS	10000 N W 79th Avenue
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Hialeah Gardens 33016
TITLE	DVP	2.1 TITLE	DVP
NAME	ORNSTEIN, BALIFF KAREN	2.2 NAME	Sara Babb
STREET ADDRESS	601 S.W. 4TH AVE.	2.3 STREET ADDRESS	200 E. Las Olas Blvd.
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	DVP	3.1 TITLE	DVP
NAME	TOBIN, BOB	3.2 NAME	Karen Richards
STREET ADDRESS	5771 NE 14TH VE	3.3 STREET ADDRESS	1951 N W 19th Street
CITY-ST-ZIP	FT LADUERDAEL FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	DC	4.1 TITLE	DC
NAME	KAUFMAN, BETTY	4.2 NAME	Robert Dunhill
STREET ADDRESS	8851 NW 10 PLACE	4.3 STREET ADDRESS	1951 N W 19th Street
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # 0032391