

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000004315 (5)

1. Corporation Name

DIRECT MARKETING VERIFICATION SERVICES, INC.

Principal Place of Business

3020 NW 33RD AVE
FT LAUDERDALE FL 33311

Mailing Address

3020 NW 33RD AVE
FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/21/1996

4. FEI Number

84-1337808

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

Country

24

25

2a. Mailing Address

26

7177 W. OAKLAND PARK BLVD

27

Suite, Apt. #, etc.

28

City & State

29

Zip

33313

30

Country

9. Name and Address of Current Registered Agent

RESNICK, ROBERT B ESO
3020 NW 33RD AVE
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

J. CHRISTOPHER FUHRMEISTER

82 Street Address (P.O. Box Number is Not Acceptable)

7177 W. OAKLAND PARK BLVD.

83

84

City

LAUDERHILL

FL

85

Zip Code

33311

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
MCDANIEL, KEITH
PO BOX 33979
N GLEN CO 80233

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHARLES, BRUCE A
3608 SOUTHRIDGE BLVD
MURFREESBORO TN 37129

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RATH, BEVERLY J
801 W 126TH CT
WESTMINSTER CO 80234

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
President
Bruce A. Charles
3608 Southridge Blvd.
Murfreesboro TN 37128
☒ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
TREASURER
J. CHRISTOPHER FUHRMEISTER
7177 W. OAKLAND PARK BLVD
LAUDERHILL, FL 33313
☐ Change ☒ Addition

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

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

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: Bruce A. Charles 11-5-98 954-452-1510

CR2E034 (10/97)