

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90176 042 ***150.00

DOCUMENT # F96000004315

1. Corporation Name

DIRECT MARKETING VERIFICATION SERVICES, INC.

Principal Place of Business

3020 NW 33RD AVE
FT LAUDERDALE FL 33311

Mailing Address

7177 W OAKLAND PRK BLVD
LAUDERHILL FL 33313
US

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 the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 1260 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

27 City & State

28 FT. LAUDERDALE, FL

29 Zip

33334

Country

30

9. Name and Address of Current Registered Agent

FURHRMEISTER, CHRISTOPHER J
7177 W OAKLAND PARK BLVD
LAUDERHILL FL 33311

10. Name and Address of New Registered Agent

81 Name

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

1260 E. OAKLAND PARK BLVD.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33334

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 DC ☐ DELETE
NAME MCDANIEL, KEITH
STREET ADDRESS PO BOX 33979 N/A
CITY-ST-ZIP N GLEN CO 80233

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

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

TITLE T ☐ DELETE
NAME FUHRMEISTER, CHRISTOPHER
STREET ADDRESS 7177 W OAKLAND PARK BLVD
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3151 JASMINE DR.
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3151 JASMINE DRIVE
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1260 E. OAKLAND PARK BLVD.
4.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33334

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exception 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, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0294060