

4-16-97 B-4774 NC  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006688 (3)

1. Corporation Name

PRO DIRECT RESPONSE CORP

Principal Place of Business

Mailing Address

PO BOX 269  
SAN ANTONIO TX 78216-6918

PO BOX 269  
SAN ANTONIO TX 78291-0269



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/20/1996

4. FEI Number

Applied For

22-3413413

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 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	<input type="checkbox"/> DELETE
NAME	WOOD, PETER J	
STREET ADDRESS	25400 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER FL 34623	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PINSKY, ROBERT D	
STREET ADDRESS	25400 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER FL 34623	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	HARTE, HOUSTON H	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	

TITLE	VST	<input type="checkbox"/> DELETE
NAME	BACHMAN, LESLEY A	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CREWS, DONALD R	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	FRANKLIN, LARRY	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

4.4 CITY-ST-ZIP

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

SIGNATURE:

Donald R. Crews

4/9/97

210-829-9358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001178

CR2E034 (9/96)