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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600006688 (3)

PRO DIRECT RESPONSE CORP

| Principal Place of Business | Mailing Address           |
|-----------------------------|---------------------------|
| PO BOX 269                  | PO BOX 269                |
| SAN ANTONIO TX 78216-6918   | SAN ANTONIO TX 78216-6918 |

## FILED Apr 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

|  |   |               |                         |                |                     |   |   |          | 3. Date Incorporated or Qualified 12/20/1996  |  |  |
|--|---|---------------|-------------------------|----------------|---------------------|---|---|----------|---|--|--|
| 2. Principal P                                   | lace of Rus   | inass         |                         | 20 1           | Mailing Address     |   |   | _        | 4. FEI Number Applied For   |  |  |
| 2. Principal Place of Business 21 ONE MAIL DRIVE |   |               |                         | 26             | <b>├</b> ¬ "        |   |   |          | 22-34 134 13 Not Applicable   |  |  |
| Suite, Apl. #, etc.                              |   |               |                         |                | Suite, Apt. #, etc. |   |   |          | A0 76   |  |  |
| 22 701   |   |               |                         |                | 27                  |   |   |          | 5. Certificate of Status Desired Fee Required                                       |  |  |
| City & State                                     |   |               |                         |                | City & State        |   |   |          | 6. Election Campaign Financing \$5.00 May Be  |  |  |
| 23 Cheany Hill NJ                                |   |               |                         |                | 28                  |   |   |          | Trust Fund Contribution Added to Fees   |  |  |
| Zip Country 24 88 003 25 USA                     |   |               |                         |                | Zip Countr          |   |   |          | 8. This corporation owes or has paid the current year intangible                    |  |  |
| 24 980   |   | 29            |                         |                |                     |   | Personal Property Tax due June 30. 🗹 Yes 🔲 No         |          |   |  |  |
| 9. Name and Address of Current Registered Agent  |   |               |                         |                |                     |   | 10. Name and Address of New Registered Agent 81 Name  |          |   |  |  |
| C T CORPORATION SYSTEM                           |   |               |                         |                |                     |   | 61   Name   |          |   |  |  |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  |   |               |                         |                |                     | 82 Street Address (P.O. Box Number is Not Acceptable) |   |          |   |  |  |
| ן אי   | ANIAIION  | FL 3332       | 4                       |                |                     |   | 83  |          |   |  |  |
|  |   |               |                         |                |                     |   | 8.3   |          |   |  |  |
|  |   |               |                         |                |                     |   | 84  | City     | City FL 85 Zip Code   |  |  |
| 44 0   | 4- #  | sis-s of C    |                         | 22 60          | 1100 Florida Ötat   |   |   |          | named corporation submits this statement for the purpose of changing its registered |  |  |
| office or r                                      | registered a  | gent, or bo   | oth, in the State       | of Florida     | . Such change was   | utes, the<br>sauthor                                  | ized by   | the c    | the corporation's board of directors. I hereby accept the appointment as registered |  |  |
| agent. La  | ım familiar v   | vith, and a   | ccept the oblig         | ations of,     | Section 607.0505, F | Florida S   | Statutes  | ١.       |   |  |  |
| SIGNATURE  | Claratura hana  | d as grated a | and of security and sec | and and ble it | engloshin JNC       | OTE Book  | tored Acre  | nt sinos | signature required when reinstating) DATE   |  |  |
|  |   |               |                         |                |                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |   |  |  |
| TITLE  | DC  |               |                         | ****           | DELETE              |   | 1 TITLE   |          | ☐ Change ☐ Addition   |  |  |
| NAME   | WOOD OFTEN I  |               |                         |                |                     |   | .2 NAME   |          |   |  |  |
| STREET ADDRESS 25400 US HWY 19 N                 |   |               |                         |                |                     | 1.  | 1.3 STREET ADDRESS                                    |          |   |  |  |
| CITY-ST-ZIP                                      | CLEADWATED EL 24822   |               |                         |                |                     |   | 1.4 City-ST-ZIP                                       |          |   |  |  |
| TITLE  | DP  |               |                         |                | DELETE              |   | 1 TITLE   |          | Change Addition   |  |  |
| NAME   | PINSKY  | r, rober      | T D                     |                |                     | 2.  | 2 NAME  |          |   |  |  |
| STREET ADDRESS                                   | 25400   | us Hwy        | 19 N                    |                | 2.3 ST              |   | 2.3 STREET ADDRESS                                    |          | DDRESS  |  |  |
| CITY-ST-ZIP                                      | CLEARWATER FL 34623   |               |                         |                |                     | 2.  | 4 CITY-S  | T-ZIP    | - ZIP   |  |  |
| TITLE  | DV  |               |                         |                | DELETE              | 3   | 1 TITLE   |          | ☐ Change ☐ Addition   |  |  |
| NAME   |   |               |                         |                |                     | 3.  | 3.2 NAME  |          |   |  |  |
| STREET ADDRESS                                   |   |               | Plaza dr #              |                |                     | 3.  | 3 STREET  | ADDRES   | DORESS  |  |  |
| CITY-ST-ZIP                                      | SAN ANTONIO TX 78216-6918   |               |                         |                |                     | 3.  | 4 CITY-   | T - ZIP  | - ZIP   |  |  |
| TITLE  | vsi   |               |                         |                | DELETE              | 4.  | .1 TITLE  |          | Assi. Telesuele   |  |  |
| HAME   |   | ian, les      |                         |                |                     | 4.  | 2 NAME  |          | Federice Ortiv  |  |  |
| STREET ADDRESS                                   |   |               |                         |                | 4.3 5               |   |   | ADDRE:   | DOMESS   CONTRACTOR   |  |  |
| CITY-ST-ZIP                                      |   | NTONIO 1      | TX 78216-691            | 18<br>         |                     | _   | 4 CITY - S  | - ZIP    |   |  |  |
| TITLE  | DVS   |               |                         |                | ☐ DELETE            | 5.  | 1 TITLE   |          | Change Addition   |  |  |
| NAME   |   |               |                         |                |                     | 5.  | 2 NAME  |          | · ·   |  |  |
| STREET ADDRESS                                   | REET ADDRESS 200 CONCORD PLAZA DR #800 5: TX-ST-7P SAN ANTONIO TX 78216-6918 5. |               |                         |                |                     |   | 3 STREET  | ADDRES   | DDRESS  |  |  |
| CITY-ST-ZIP                                      |   | NIONIO .      | IX 78216-691            | 18             |                     |   | 4 CITY-S  | -ZIP     |   |  |  |
| TITLE  | DV  |               |                         |                | ☐ DELETE            | 6.  | 1 TITLE   |          | Change Addition   |  |  |
| NAME   |   | LIN, LARI     |                         |                |                     | 6.  | 2 NAME  |          | <b>\</b>  |  |  |
|  |   |               |                         |                |                     | 6.  | 3 STREET  | ADDRE:   | DORESS  |  |  |
| CITY-ST-ZIP                                      | SAN A   | NTONIO 1      | TX 78218-691            | 18             |                     | 6.  | 4 CITY-S  | 7-2IP    | ZIP   |  |  |

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:

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Federica

Octiv

4-21-98

210-829-9000