

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

0584534

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90124 021 \*\*\*150.00

DOCUMENT # **F96000006688**

1. Corporation Name

**PRO DIRECT RESPONSE CORP**

Principal Place of Business

**ONE MALL DRIVE  
STE 701  
CHERRY HILL NJ 08002  
US**

Mailing Address

**PO BOX 269  
SAN ANTONIO TX 78216-6918**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**12/20/1996**

4. FEI Number

**22-3413413**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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** ☐ DELETE

NAME **WOOD, PETER J**

STREET ADDRESS **25400 US HWY 19 N**

CITY-ST-ZIP **CLEARWATER FL 34623**

TITLE **DP** ☐ DELETE

NAME **PINSKY, ROBERT D**

STREET ADDRESS **25400 US HWY 19 N**

CITY-ST-ZIP **CLEARWATER FL 34623**

TITLE **DV** ☐ DELETE

NAME **HARTE, HOUSTON H**

STREET ADDRESS **200 CONCORD PLAZA DR #800**

CITY-ST-ZIP **SAN ANTONIO TX 78216-6918**

TITLE **AT** ☐ DELETE

NAME **ORTIZ, FEDERICO**

STREET ADDRESS **200 CONCORD PLAZA DR, STE 800**

CITY-ST-ZIP **SAN ANTONIO TX 78216**

TITLE **DVS** ☐ DELETE

NAME **CREWS, DONALD R**

STREET ADDRESS **200 CONCORD PLAZA DR #800**

CITY-ST-ZIP **SAN ANTONIO TX 78216-6918**

TITLE **DV** ☐ 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 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, with all other like empowered.

SIGNATURE: **Federico Ortiz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/99**  
Date

**210-839-9358**  
Daytime Phone #

CR2E034 (11/98)