

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 PM 4:14

DOCUMENT # G25941 (7)

1. Corporation Name

DIRECT RESPONSE ASSOCIATES, INC.

Principal Place of Business

3321 EAST OAKLAND PARK BLVD., SUITE 135
FT. LAUDERDALE FL 33308

Mailing Address

3321 EAST OAKLAND PARK BLVD., SUITE 135
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1983

3a. Date of Last Report

04/03/1994

2. Principal Place of Business

21 8222 WILES ROAD

2a. Mailing Address

26 8222 WILES ROAD

Suite, Apt. #, etc.

22 SUITE 161

Suite, Apt. #, etc.

27 SUITE 161

City & State

23 CORAL SPRINGS, FL

City & State

28 CORAL SPRINGS, FL

Zip

24 33067

Country

25 BEDWIED

Zip

29 33067

Country

30 BEDWIED

4. FEI Number

59-2266691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHIFF, ARTHUR D
8501 NW 43RD CT
CORAL SPRINGS FL 33085

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHIFF, ARTHUR D.
STREET ADDRESS 8501 NW 43 CT
CITY, ST, ZIP CORAL SPRINGS FL

TITLE D
NAME SCHIFF, PEARL
STREET ADDRESS 7 WEBB RD
CITY, ST, ZIP SHARON MA

TITLE D
NAME ZUCKER, BARBARA F.
STREET ADDRESS 8501 NW 43 CT
CITY, ST, ZIP CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR D. SCHIFF

4/3/95 (305)564-1800
Date Telephone Number