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

APPROVED AND FILED
95 MAY -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J20840 (1)

1. Corporation Name
S.A.C. TELEMARKETING, INC.

Principal Place of Business	Mailing Address
808 DUNLAWTON AVE. STE 4 PORT ORANGE FL 32127-9264	808 DUNLAWTON AVE. STE 4 PORT ORANGE FL 32127-9264

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1986
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2893026 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANIELS, DOUGLAS A. 406 N. WILD OLIVE AVE. DAYTONA BEACH FL 32118	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BECKMANN, JOAN M.	12 NAME	
STREET ADDRESS	755 SANDY HILL CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BECKMANN, MILAN	22 NAME	
STREET ADDRESS	755 SANDY HILL CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☑ Change ☐ Addition
NAME	SIMMS, LEE ANN	32 NAME	
STREET ADDRESS	~~101 SEABREEZE, 704N~~	33 STREET ADDRESS	1299 FERNWAY DR.
CITY-ST-ZIP	~~DAYTONA BEACH FL~~	34 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	HERMAN, PHILIP A.	42 NAME	
STREET ADDRESS	~~18 BRAWN RD.~~	43 STREET ADDRESS	109 ANCHORAGE DR SOUTH
CITY-ST-ZIP	~~MEDFORD NJ~~	44 CITY-ST-ZIP	N. PALM BEACH FL 33643
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 the 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: ✓ Joan Beckmann 4.27.95 (904) 761-6711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018098 CP