SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 19 1996 8:00 am
Secretary of State

DOCUMENT # J20840 (1)

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

Principal Place of Business	Mailing Address
[redacted]	[redacted]

3. Date Incorporated or Qualified: 06/19/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 100 E GRANADA BLVD	26 100 E GRANADA BLVD
22 Suite, Apt. #, etc: ORMOND BEACH FL	27 Suite 200
23 City & State:	28 City & State: ORMOND BEACH, FL
24 Zip: 32176	29 Zip: 32176
25 Country: VOLUSIA	30 Country: VOLUSIA

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

DANIELS, DOUGLAS A.
406 N. WILD OLIVE AVE.
DAYTONA BEACH FL 32118

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	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	☒ DELETE	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	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SIMMS, LEE ANN		32 NAME	
STREET ADDRESS	1299 FERNWAY DR.		33 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HERMAN, PHILIP A.		42 NAME	
STREET ADDRESS	109 ANCHORAGE DR. SOUTH		43 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL		44 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	JAMES G BECKMANN		52 NAME	
STREET ADDRESS	755 SANDY HILL CIR		53 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: [signature] JAMES G BECKMANN 6/13/96 (904) 672-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #