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

PROFIT

SIGNATURE:

Feb 10 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J93816 (3)DIRECT MAIL EXPRESS, INC. Principal Place of Business Mailing Address 2441 BELLEVUE AVE 2441 BELLEVUE AVE. % ACCOUNTING DEPT. % ACCOUNTING DEPT. DO NOT WRITE IN THIS SPACE DAYTONA BEACH FL 32114-5615 DAYTONA BEACH FL 32114-5615 3. Date Incorporated or Qualified 09/15/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2849752 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Žiρ Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PANAGGIE, MICHAEL J. 2441 BELLEVIE AVE 82 Street Address (P.O. Box Number is Not Acceptable) #400 83 DAYTONA BEACH FL 32144 City 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 (NOT). Registered Agent signature required when reinstating) FEICLES AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change Addition PANAGGIO, MICHAEL 1.2 NAME NAME 2441 BELLEVUE AVENUE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY - ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 City-St-ZiP CITY-ST-ZIP 14. Thereby 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

FLORIDA DEPARTMENT OF STATE

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