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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

	<u>,</u>		<u>.</u>						
DOCU 1. Corporation	MENT # K6	1092					01-28-1999 90058 032	2 ***150.00	
DIRECT	RESPONSE PUBL	ICATIONS,	INC.						
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		2.							
Principal Plac	ce of Business		Mailing Address				I COUNTY ON BIRD HOLD WITH HOLD WITH	P) DIDII DIDII DIDII DIDI	f Bjalt alsti tast
1601 BELEVEDRE RD. 1601 BELEVEDRE RD. STE. 207 SOUTH STE. 207 SOUTH				-					•
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33				CH FL 33406	406		DO NOT WRITE IN THIS SPACE		
	7					•	3. Date Incorporated or Qualified 01/19/1989		· ·
<u> </u>	Place of Business		2a. Mailing Addre	ess			4. FEI Number	A	pplied For
21			26				65-0125035		lot Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #,	, etc.	~ .~~	والمتحصول والمستحصو	5. Certificate of Status Desired		Additional
City & Stat	•	- 1	27 City & State			-		- Fee H	Required
23			28				6. Election Campaign Financing Trust Fund Contribution	,	May Be
Zip	Country		Zip		Country	,	8. This corporation owes the current y	-	
24	25		29	30			Personal Property Tax.	ŬYes	□No
	9. Name and Addres	s of Current F	Registered Agent		81	*100	10. Name and Address of New Regis	stered Agent	
GIAF	RRATANA, RICHARD	,, 4 ε .	· -	•		Name	·		• • • •
	1 BELEVEDRE RD.		17 ()		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	<u> </u>	
	. 207 SOUTH		•				A MARIE CONTRACTOR OF CONTRACT	r Table 20 February A.	花园内园 13
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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 impowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or in an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

SG/-689-9777

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