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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L38542

(1)

DIRECT MARKETING INC.

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Apr 08 1997 8:00am	ì
Secretary of State	

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Principal Pla	ce of Business	Mailing Address	3	·			II WEWIG BERNE WI	411 81811 6181	
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US LAUDE	NUMBER OF STATE	US LAUDEND	nui Fi ØØØØ*II	••		3. Date Incorporated or Qualified 12/21/1989		le of Last F 19/1996	Report
2. Principal	Place of Business	2a. Mailing Add	ess			4. FEI Number	. 	A	pplied For
21		26				65-0180319		N	ot Applicable
Suite, Api	t. #, etc	Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	ale	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		Country		8. This corporation has liability for	in angible	ax under s	. 199.032,
24	25	29	30		1	Florida Statutes	Yes [
	9. Name and Address of C	Current Registered Agent		81 Nam		10. Name and Address of New Ro	egistered A	gent	
	NNICH, PAUL			81 Nam	ne				
	4 NE 13TH ST			82 Stree	et Address	s (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
FT	. LAUDERDALE FL 33304			83					
				63					
				84 City			<u></u>	85 Zip	Code
			***************************************			ation submits this statement for the 's board of directors. I hereby acce	<u>FL</u>	ببليل	
SIGNATURE	Signature Typed or presed ramp of regist	ered agent and little if applicable.	(NOTE: Regis	ered Ageni signat		when re-hatating)	DATE CERS AND	DIRECTOR	S IN 12
SIGNATURE	Signature Typed or presed ramp of regist		(NOTE: Regist	ered Ageni signat				DIRECTOF	
SIGNATURE	Signature Typed or profest name of registr	ared agent and little If applicable.	(NOTE: Regist	ered Ageni signal		when re-hatating)			
SIGNATURE 12. TITLE NAME	Signature Typed or presed name of registrone D MINNICH, PAUL	ered agent and file if applicable. RS AND DIRECTORS	(NOTE: Regisl 1: ELETE 1.	ered Agent signat 3. 1 TITLE	ture required t	when re-hatating)			
SIGNATURE 12. TILE	Signature Typed or presed name of registrone D MINNICH, PAUL	ered agent and file if applicable. RS AND DIRECTORS	(NOTE: Regist 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	eered Agent signat 3. 1 TITLE 2 NAME	ture required t	when re-hatating)			
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I not release the first the information of the supplier the first time does not dually for the exhibitor stated in section 113.00 (and the same legal effect as if made under oath; that I am an officer or director of the opporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if graphed or on an attachment with an address.

SIGNATURE

LYAUL

PAUL MINNICH 1/14

954-527-9208

/time Phone #