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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90098 018 ***150.00

DOCUMENT #	M61620
	1110 10-0

1. Corporation Name

DIRECT PRODUCT MARKETING CO., INC.



Principal Place	ncipal Place of Business Mailing Address							
P. O. BOX 970156 P. O. BOX 970156 BOCA RATON FL 33497-0156 BOCA RATON FL 33497-0156				DO NOT WRIT	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 10/28/1987			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 2278	35. State Rd 7	26 22783 S. Sta	te Ro	(. ጉ	59-2855041		No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State 28 Boec Raton	. F	L	Election Campaign Financing Trust Fund Contribution		\$5.00 Added (May Be to Fees
Zip 24 33428	Colintry 5417 25 USA	Zip 29 83 428 5427 30	Country	5Α	This corporation owes the curre Personal Property Tax.		Yes	⊠No
<u> </u>	9. Name and Address of Current				10. Name and Address of New Ro	gistered A	gent	
WEISS, BARRY A. 22471 VISTAWOOD WAY BOCA RATON FL 33428			81 82 83	Street Address (P.O. Box Number is Not Acceptable)				
			· 84	City		FL		Code
Affice or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mailiar with, and accept the obligation	' Florida. Such change was auth	onzea ov	the corpora	proration submits this statement for the pation's board of directors. I hereby accept	urpose of o the appoin	changing its itment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if conline to	rietered Anni	nt signature regu	uired when reinstating)	DATE		
12.	OFFICERS AND		13.	.,	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		ATT	-	Change	Addition
NAME	WEISS, BARRY A.		1.2 NAME					
STREET ADDRESS	22471 VISTAWOOD WAY		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME I			2.2 NAME					
STREET ADDRESS			2.3 STREË	T ADDRESS				
CfTY-ST-ZiP	<u> </u>		-2.4 CITY-5	ST-ZIP	·- <u>·</u> a			
TITLE		☐ DELETE	3.1 TITLE	,			Change	☐ Addition

CITY-ST-ZIP. ~ 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 empowered to execute this 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, with all other like empowered.

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

ΠŒ

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

☐ DELETE

4/20/99 (361) 482-5336

Addition

☐ Addition

Addition

Change

Change

☐ Change