FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M92269** **(3)**

1. Corporation Name

DIRECT MARKETING BEST LIST MANAGERS INC.

Principal Place of Business

5030 CHAMPION BLVD STE 6240
BOCA RATON FL 33496

Mailing Address

5030 CHAMPION BLVD STE 6240
BOCA RATON FL 33496

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualified: **08/03/1988**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **65-0064499** ☐ 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

MARGULIES, RACHELA
5030 CHAMPION BLVD. 6240
BOCA RATON FL 33496

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 607.1505, 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 this 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

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**P** **BRENNER, NANCY** **1113 ESAT WENDOVER AVE** **GREENSBORO NC**	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**S** **MARGULIES, RACHELA** **5030 CHAMPION BLVD 6240** **BOCA RATON FL**	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
2 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and 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 added to the above for the above mentioned corporation.

SIGNATURE: Rachela Margulies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RACHELA MARGULIES 3/26/96 407 496 1086

Date Daytime Phone #