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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

			····			
D	OC	UМ	ENT	# 6	211	265

VAL-PAI	K DIRECT MARKETING SYS								
						3. Date Incorporated or Qualified	1		
2. Principal F	Place of Business	2a. Mailing	Address			08/28/1986 4. FEI Number	04/30/199	Applied For	
21		26				59-2713628		Not Applicable	
Suite, Apt 22	#, etc	1	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional Required	
City & Star	te	City & S	tate			6. Election Campaign Financing	 	00 May Be	
23		28	 			Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country	,	8. This corporation has liability to		er s. 199.032,	
24	25 9. Name and Address of Currel	29		30		Florida Statutes 10. Name and Address of New F	Yes No		
^ T		nt noglatered Ag	0111	B1	Name	ID. Harrie Billo Address of Hear	ogistered Agent	······································	
	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	Stroot A	Address (P.O. Pay Number is Not Assent	oblo		
	INTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)		3016)		
				83					
				84	City		85 2	Pip Code	
44 Flyggyan	to the new leave of Cootings CO7 OF	20 and 607 1500	Clarida Ctatuta				FL °° '	- 10- T	
office or agent 1 a SIGNATURE	registered agent or both, in the State am familiar with, and accept the oblig Storature, typid or profes name of registered age					corporation submits this statement for the location's board of directors. I hereby acc required when reinstating)	ept the appointment	as registered	
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		FORS IN 12	
3.01.6	PTD		DELETE	1.1 TITLE		0	Chan	ge 🔲 Addition	
NAME	DISBROW, WILLIAM			1.2 NAME	ľ	DISBROW, WILLIAM 8605 LARGO LAR LARGO, FL. 346	S DR.		
STREET ADORESS	312 GULF BLVD			1.3 STREET	ADDRESS	8605 A MAGO AAT	้นล	1	
CHY-SI-7IF THLE	INDIAN ROCKS BCH FL		DELETE	1.4 CITY - S 2 1 TITLE	IT-ZIP	AARGO, P.L. STE	Chan	ge Addition	
NAME	MUSSELMAN, JR, ROBERT	L	octete	22 NAME			10.00	åc 🗀 vidovirini	
STREET ADDRESS	115 8TH ST E			2.3 STREET	ADDRESS			1	
CITY-ST-ZIP	TIERRA VERDE FL			2. 4 CITY-	ł			ľ	
TITLE	V		DELETE	31 TITLE			Chan	pe Addition	
NAME	BARNETT, PRESTON B.			3.2 NAME					
STREET ACORESS	1400 LAKE HEARN DR.			3.3 STREET	ADDRESS			ļ	
CITY - S1 - 7IP	ATLANTA GA		T DELETE	3.4. CITY-	ST-ZIP		T I ALL	17.00	
Till(S MEDDEN ANDDENN A	L	DELETE	4.1 TITLE			Chan	ge 🔲 Addition	
NAME CASCALL ASSISTANCE	MERDEK, ANDREW A. 1400 LAKE HEARN DR			4. 2 NAME	LODDESS			ł	
STREET ADDRESS	ATLANTA GA			4.3 STREET 4.4 CITY - 9	ł			1	
CHY-SI-ZIP TIBLE	V		DELETE	5.1 TITLE	1-21		☐ Chan	ge Addition	
NAME	SMITH, JAY R.	•		5.2 NAME					
STREET ADDRESS	1400 LAKE HEARN DR			5.3 STREET	ADDRESS			1	
CITY - ST - ZIP	ATLANTA GA		_4	5.4 CITY-5	1				
TITLE	V	5	DELETE	6.1 TITLE		T	☐ Chan-	ge 🔀 Addition	
NAME	JOHNSON, WILLIAM	•		6.2 NAME	¢	CHARLES BUDDY 50	LOW DV	ſ	
STREET ADDRESS				6.3 STREET	ADDRESS	1400 hake Hearn	PK.	ļ	
CITY - S1 - ZIP	CLEARWATER FL			6 4 CITY-S	T-ZIP	ATLANTA, 6A. 30	7319		

I do hereby certify that the information supplied with this filling 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.

SIGNATURE:

FILED

Apr 22 1997 8:00am

Secretary of State

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