## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

DOCUM 1. Corporation I SUPER	MENT # <b>P93000</b> R MAILING LIST, INC.	0039922 (8)	)	1 1461   661   1161   141   161	
Principal Place of 5400 HANCO SUITE 601		Mailing Address  1110 BRICKELL AVE SUITE 601 MIAMI FL 33131			
US	JALE P.C 33330	MIRMI PL 33131		3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 04/17/1995
2. Principal Place 5400	ce of Business Hancock Road	2a. Mailing Address	cart Page	4. FEI Number 65-0431150	Applied For Not Applicable
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.	cac xwq	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	auderdale FL	City & State  28 Ft. Laudes	dala ta	6. Election Campaign Financing	\$5.00 May Be
23 <i>P4.</i> 6 Zip 24 333	Country 30 25 USA	7p 29 33330	Country 30 U.S.A.	Trust Fund Contribution  8. This corporation has liability for in Florida Statutes Yes	No
5400 H SUITE 1	9. Name and Address of Current F R, DIANNAE ) ANCOCK ROAD 3-14 DERDALE FL 33330	legistered Agent	81 Name 82 Street Addre 83 84 City	10. Name and Address of New R.  COLORDO DIACONO S.  SS (P.O. Box Number is Not Acceptable)	,
or registere familiar with SIGNATURE	the provisions of Sections 607.0502 ard diagent, or both, in the State of Florida n, and accept the obligations of, Section	Such change was authorized 607.0505, Florida Statutes.	the above-named corpora by the corporation's board	d of directors. Thereby accept the appo	nose of changing its registered office
12.	ignature, typed or printed name of registered agent and OFFICERS AND D	, <del>-</del>	Hagistered Agent signature required	ADDITIONS/CHANGES TO OFFI	
TITLE	D	DETELE	1 1 111LE		Change Addition
NAME	MERCER, DIANNE		1.2 NAME		
STREET ADDRESS	5400 HANCOCK ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	T) DELETE	1.4 CHY-ST-7IP		Change Addition
TITLE NAME			2. 1 TITLE . 2.2 NAME		C Change C Add tion
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY-ST-ZIP		
THILE		☐ DELF1F	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ACCIPESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		[] DELETE	3.4 CITY - S1 - ZIP		Change Addition
TITLE NAME		CT DUCH	4 1 TITLE 4.2 NAME		D cuerds D vocition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CHY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZiP	certify that the information supplied wit	h tais fil na is voluntarily furnis	■ 64 CITY-ST-ZIP hed and does not qualify fo	r the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further
certify that oath; that I	the information indicated on this annual am an officer or director of the corpora Block 12 or Block 13 if changed, or on	report or supplemental annual tion or the receiver or trustee :	al report is true and accurat empowered to execute this	e and that my signature shall have the	same legal effect as if made under