

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000087015 (2)**

1. Corporation Name
DIRECT RESOURCE SYSTEMS, INC.



Principal Place of Business: **3706 N. OCEAN BLVD. SUITE 220 FT. LAUDERDALE FL 33308**
Mailing Address: **3706 N. OCEAN BLVD. SUITE 220 FT. LAUDERDALE FL 33308**

2. Principal Place of Business: 21 Subj. App. No. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Subj. App. No. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Organized: **12/20/1993** 3a. Date of Last Report: **04/21/1995**
4. FEIN number: **52-1672366** 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. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**ROUNTREE, WILLIAM L
3706 NORTH OCEAN BLVD
SUITE 220
FT LAUDERDALE FL 33308**

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 607.0601 and 607.0602, 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, and hereby certifies that the corporation's listed officers and directors have accepted the appointment as registered agent. I am familiar with, and I accept the obligations of, Sections 607.0601, Florida Statutes.

SIGNATURE _____ DATE _____
12. OFFICERS AND DIRECTORS: DELETE
TYPE NAME STREET ADDRESS CITY STATE ZIP
S MULLIGAN, BARBARA S 3708 NORTH OCEAN BLVD, 220 FT LAUDERDALE FL
TYPE NAME STREET ADDRESS CITY STATE ZIP
PT ROUNTREE, WILLIAM L 3419 SE 8TH ST, 12 POMPANO BEACH FL
 DELETE
TYPE NAME STREET ADDRESS CITY STATE ZIP
 DELETE
TYPE NAME STREET ADDRESS CITY STATE ZIP
 DELETE
TYPE NAME STREET ADDRESS CITY STATE ZIP
 DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17: Change Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP
 Change Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP
 Change Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP
 Change Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct, and does not entitle me for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report or both, and I understand 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 registered agent, or both, as provided to enter on this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report as an officer or director of the corporation.

SIGNATURE: *William L. Rountree* **William L. Rountree** President 3/29/96 305-978-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)