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PROFIT * **CORPORATION ANNUAL REPORT**

1998



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000072681 (7)

DIRECT MARKETING BIZNESS, INC.

Principal Place of Business

Mailing Address

FILED May 18 1998 8:00am Secretary of State



907 WINTERGREEN BLVD. P. O. BOX 300-783 FERN PARK FL 32730 FERN PARK FL 32730 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1994 2. Principal Place of Business 2a. Mailing Address Applied For 1012 59-3277017 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 26 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROSENBLUTH, EMERY H JR % SUBIN, SHAMS, ROSENBLUTH, ET.AL. Street Address (P.O. Box Number is Not Acceptable) 111 N. ORANGE AVE., SUITE 900 ORLANDO FL 32801 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented have of registered agent and tide if applicable (NOTE Registered Agent's gnature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 1011.6 BIZAR, S. BRANDON NAME 1.2 NAME 907 WINTERGREEN BLVD. STREET ADDRESS 1.3 STREET ADDRESS FERN PARK FL 32730 CITY-ST-ZIP 1.4 CITY - ST - 7(P DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change TITLE Addition 3.1 TITLE NAME 3.2 NAME **STREET ADDRESS** 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DEL€TE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE 5.1 THEF Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 trusted empressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chargons, or on an attribute hined with an endless.