


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

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**Mar 31 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P940000 83335**  
1. Corporation Name: **INTERACTIVE RESPONSE MARKETING, INC.**

Principal Place of Business: **5237 NW 33 AVE. FT. LAUDERDALE, FL 33309**  
Mailing Address: **5237 NW 33 AVE. FT. LAUDERDALE, FL 33309**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: <b>11/9/94</b>	3a. Date of Last Report: <b>MAR 96</b>
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number: <b>65-0530200</b>	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>LOEWENTHAL, RONALD 5237 NW 33 AVE. FT. LAUDERDALE, FL 33309</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	85. Zip Code: <b>FL</b>

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME: <b>LOEWENTHAL, RONALD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: <b>5237 NW 33 AVE.</b>		1.2 NAME	
3. CITY-STATE-ZIP: <b>FT. LAUDERDALE, FL 33309</b>		1.3 STREET ADDRESS	
4. NAME: <b>LOEWENTHAL, CONNIE</b>	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
5. STREET ADDRESS: <b>5237 NW 33 AVE.</b>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-STATE-ZIP: <b>FT. LAUDERDALE, FL 33309</b>		2.2 NAME	
7. NAME: <b>SMITH, BARRY</b>	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. STREET ADDRESS: <b>5237 NW 33 AVE.</b>		2.4 CITY-STATE-ZIP	
9. CITY-STATE-ZIP: <b>FT. LAUDERDALE, FL 33309</b>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
17. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP		5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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\*\*\*165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:  **RONALD LOEWENTHAL** Date: **3/10/97** Daytime Phone #: **(954) 714-0101**

CR2E034 (9/96)