

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000085837 (0)**

1. Corporation Name

FIDELITY DIRECT MARKETING SOFTWARE AND SERVICES INC.

Principal Place of Business

**1451 W. CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE FL 33309**

Mailing Address

**1451 W. CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE FL 33309**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

09/07/1995

4. FEI Number

65-0606571

APPLIED FOR

☒ 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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DECORTE, ALAIN J
1451 W. CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

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 607.0502 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

Signature typed or printed name of agent, or both, as applicable

Signature typed or printed name of new registered agent, if applicable

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MDP
DECORTE, ALAIN
RUE GABRIELLE 118
1180 BRUSSELS, BELGIUM**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
BECQUEVORT, ISABELLE
1451 W. CYPRESS CREEK ROAD
FORT LAUDERDALE FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**900001886789
-07/08/96--01087--006
***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent 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:

A. DECORTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IS. BECQUEVORT

19/4/96

Daytime Phone

CR2E034 (12/95)