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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P94000085837 (0)

DOCUMENT # FIDELITY DIRECT MARKETING SOFTWARE AND SERVICES INC.

FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address					Crobindar sid ibite Biller abert datet Batist Batist falbi dien intel intel intel intel intel				
1451 W. CYPRESS CREEK ROAD			1451 W. CYPRESS CREEK ROAD									
SUITE 300			SUITE 300									
FORT LAUDERDALE FL 33309			FORT LAUDERDALE FL 33309					DO NOT WRITE IN THIS SPACE				
							3. Date Incorpo	orated or Qualified 94				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	····		A	pplied For	
21			26				65-0606	571		N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 O + +1/1 + 1	Otto Desired		\$8.75	Additional	
22			27				Certificate of	Status Desired		Fee R	equired	
City & State			City & State				6. Election Can	npaign Financing		\$5.00	May Be	
23			28			Trust Fund C	ontribution		Added	to Fees		
Zip	Country	у	Zip	Coi	untry		8. This corpora	tion owes or has p			tangible	
24	25	29		30				perty Tax due June			□ No	
	9. Name and Addre				10. Name and Address of New Registered Agent							
	Corte, Alain J				81	Name						
145	51 W. Cypress Cre	EK ROAD	82			Street	ddress (P.O. Box Numl	her is Not Accenta	hla\			
SUITE 300			1			Ollock	nddress () ,c. Dox Maini	bei is inoi necepta	DIE/		Ī	
FORT LAUDERDALE FL 33309												
					84	City		······································	FL	85 Zip	Code	
11. Pursuant I	to the provisions of Sect	tions 607.0502 and 6	507, 1508, Florida S tatu	iles, the a	hove	e-named	corporation submits this	statement for the		changing i	ts registered	
office or re	egistered agent, or both m familial with, and age	, in the State of Flori	ida. Such change was	authorize	d by	the co	oration's board of direc	tors. I hereby acce	pt the app	ointment as	registered	
_	III familiar with sine acc	ep. vie dibilipations d	DEGRTE				nop	ρl	103138			
SIGNATURE	Signature, typed or printed name	of registered agent and little					required when reinstating)		DATE			
12.		FFICERS AND DIRE		13.				HANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12	
TITLE	MDP		DELETE	1,1 T	ITLE					Change	☐ Addition	
NAME	DECORTE, ALAIN			1.2 N	AME							
STREET ADDRESS	RUE GABRIELLE	118		1.3.5	TREET	ADDRESS					İ	
CITY-ST-ZIP	1180 BRUSSELS,	BELGIUM			ITY-S							
TITLE	DS		DELETE	2.1 T						Change	Addition	
NAME	BECQUEVORT, IS	ABELLE		2.2 N	AME			•		-		
STREET ADDRESS	1451 W. CYPRES		DAD			ADDRESS					}	
CITY-ST-ZIP	FORT LAUDERDA				DITY-S						ŀ	
TITLE			DELETE	3.1 Ti		21 211				Change	Addition	
NAME				3.2 N								
STREET ADDRESS						ADDRESS						
					OTY-S						į	
CITY-ST-ZIP TITLE			DELETE	3.4. U		11-41				Change	Addition	
NAME			F 2 - C. C. L.	4.21								
STREET ADDRESS						ADDRESS	·					
CITY-ST-ZIP TITLE			☐ DELETE	5.1 7	ITY-SI	1 - ZIP				Change	Addition	
NAME				5.2 N						oogo		
[ADDDCCC					l	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DELETE		ITY - S	1 - ZIF				Change	Addition	
TITLE				6.1 TI						L Onange	T VORITION	
NAME				6.2 N								
STREET ADDRESS						address						
CITY-ST-ZIP				6.4 C	ITY-S1	1-ZIP						

14. I 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 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 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.

01/03/48