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

**PROFIT** CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if cha



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 08 1997 8:00am

Secretary of State

-24-97 407-425-783

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000091580 (8)

NATIONAL DIRECT MARKETING INSTITUTE, INC.

Principal Place of Business Mailing Address 255 S. ORANGE AVE. 255 S. ORANGE AVE. 6TH FLOOR **BTH FLOOR** ORLANDO FL 32801-3445 ORLANDO FL 32801 3. Date Incorporated or Qualified 3a. Date of Last Report 12/16/1994 04/18/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3291203 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζıp Country 6. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PINO, LAURENCE J ESQ. 255 S. ORANGE AVE. Street Address (P.O. Box Number is Not Acceptable) **6TH FLOOR** 83 ORLANDO FL 32801 RA 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 Signatoric typed or princed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THE PDT 1 1 TITLE Change Addition NAME PINO, LAURENCE J ESQ. 1.2 NAME 255 S. ORANGE AVE. 1.3 STREET ADDRESS STREET ADDRESS 255 S. ORANGE AVE., 6TH FLOOR ORLANDO FL 32801 1.4 CiTY-ST-ZIP CITY - ST - ZIP DELETE Addition TILLE 21 TITLE Change WILSON, PATRICIA T 2.2 NAME NAME 255 S. ORANGE AVE. 2.3 STREET ADDRESS STREET ADDRESS 255 S. ORANGE AVE., 6TH FLOOR ORLANDO FL 32801 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Channe Addition THE 3.1 TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST. ZIE DELETE Addition Change THLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THLE 5.1 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST ZIP 54 CITY-ST-ZIP DELETE Addition 61 TITLE THEF 30000213672 -04/08/97--01075--013 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. If 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 indicated on this annual report of suppl<del>emental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath I am an officer or director of the corporation. The receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name</del>