

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 30 1997 8:00am  
Secretary of State

DOCUMENT # P95000049049 (6)

1. Corporation Name

FLORIDA DIRECT MARKETING SYSTEMS, INC.



Principal Place of Business

110 ORLANDO AVE  
9  
MAITLAND FL 32751

Mailing Address

110 ORLANDO AVE  
9  
MAITLAND FL 32751-5533

2. Principal Place of Business

21 1335 Bennett  
Suite, Apt. #, etc.

22 113  
City & State

23 Longwood, FL  
Zip Country

24 32750 25 USA

2a. Mailing Address

26 1335 Bennett  
Suite, Apt. #, etc.

27 113  
City & State

28 Longwood, FL  
Zip Country

29 32750 30 US

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

04/23/1996

4. FEI Number

APPLIED FOR 59-3369460

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

HOFFMAN, STEVEN  
651 MAIN ST.  
ALTAMONTE SPRINGS FL 32701

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 registered agent and tele if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HOFFMAN, STEVEN  
STREET ADDRESS 651 MAIN ST.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE DS ☒ DELETE

NAME THORNTON, DAVID  
STREET ADDRESS 7005 LOREL  
CITY-ST-ZIP SKOKIE IL 60077

TITLE DT ☐ DELETE

NAME THORNTON, LORI  
STREET ADDRESS 7005 LOREL  
CITY-ST-ZIP SKOKIE IL 60077

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP  
1.3 STREET ADDRESS HOFFMAN, STEVEN  
1.4 CITY-ST-ZIP 888 BENTLEY GRNCIR  
WINTER SPGS, FL 32708

2.1 TITLE DS ☐ Change ☒ Addition

2.2 NAME HOFFMAN, SHERRY  
2.3 STREET ADDRESS 888 BENTLEY GRNCIR  
2.4 CITY-ST-ZIP WINTER SPGS FL 32708

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 in an attachment with an address.

SIGNATURE:

4/1/97 4/23/96

CR2E034 (9/96)