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FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000049049 (6)

1. Corporation Name

FLORIDA DIRECT MARKETING SYSTEMS, INC.



Principal Place of Business

Mailing Address

1335 BENNETT
113
LONGWOOD FL 32750
US

1335 BENNETT
113
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, STEVEN
651 MAIN ST.
ALTAMONTE SPRINGS FL 32701

81 Name

HOFFMAN, STEVEN

82 Street Address (P.O. Box Number is Not Acceptable)

888 Bentley Green Cir

83

84 City

Winter Spgs

FL

85 Zip Code

32708

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME HOFFMAN, STEVEN
STREET ADDRESS 888 BENTLEY GRN CIR
CITY-ST-ZIP WINTER SPRINGS FL

11 TITLE DP/ST ☐ Change ☐ Addition
12 NAME HOFFMAN, STEVEN
13 STREET ADDRESS 888 BENTLEY GRN CIR
14 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE DS ☒ DELETE
NAME HOFFMAN, SHERRY
STREET ADDRESS 888 BENTLEY GRN CIR
CITY-ST-ZIP WINTER SPRINGS FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DT ☒ DELETE
NAME THORNTON, LORI
STREET ADDRESS 7005 LOREL
CITY-ST-ZIP SKOKIE IL 60077

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-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.

CR2E034 (10/97)