

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000062860 (8)

1. Corporation Name

B'S DIRECT MARKETING ASSOCIATES, INC.



Principal Place of Business

731 S. FLORIDA AVE.  
LAKELAND FL 33801

Mailing Address

731 S. FLORIDA AVE.  
LAKELAND FL 33801

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  
08/15/1995

3a. Date of Last Report

4. FEI Number

59-3337929

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

STARKMAN, MARK R  
2655 LEJEUNE ROAD, SUITE PH1-D  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Elliot S. Bigman

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

2523 Ewell Rd

83

84 City

Lakeland FL

FL

85 Zip Code  
33811

11. Pursuant to the provisions of Sections 607.1502 and 607.1504, 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]*

(Signature of Registered Agent or Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME STARKMAN, MARK R  
STREET ADDRESS 2655 LEJEUNE ROAD, SUITE PH1-D  
CITY-STATE-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Elliot S. Bigman  
1.3 STREET ADDRESS 2523 Ewell Rd  
1.4 CITY-STATE-ZIP Lakeland FL 33811 ☐ Change ☒ Addition

2.1 TITLE DST  
2.2 NAME Cathy L. Brim  
2.3 STREET ADDRESS 11810 Creek Shore Pl  
2.4 CITY-STATE-ZIP Sarasota FL 34240 ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 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.

SIGNATURE:

*Cathy L. Brim*

Cathy L. Brim

4-24-96

(941) 688-6659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)