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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000006603 (0) DOCUMENT #

DIRECT MAIL CORPORATION

FILED May 15 1998 8:00am Secretary of State

					:			
Principal Place of Business Mailing Address 2338 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020			D.			DO NOT WRITE		78165 (III 138 1
						3. Date Incorporated or Qualified 01/18/1996	THIO OF FIGE	
2. Principal Place of Business 2a. Mailing Address 25						4. FEI Number 59-3358454		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75	Additional Required
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		O May Be
Zip Country Zip 24 25 29			Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	g. Name and Address of Current		1-41	,	1	10. Name and Address of New Reg		
HU	INTER, GRAHAM		81	Name				
	0 S. Cypress Rd. Dllywood Fl 33020		82	Street	Addres	s (P.O. Box Number is Not Acceptabl	e)	
.,,	22,11000 12 00020		83	1			· · · · · · · · · · · · · · · · · · ·	
				ļ				
			84	City			FL 85 Zi	p Code
Office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	i Florida. Such change was i	authorized b	y the cor	corpor poration	ation submits this statement for the pu 's board of directors. I hereby accept	rpose of changing the appointment a	its registered as registered
SIGNATURE .	Signature, typed or printed name of registered agent	and tale if applicable (NOT	f : Benislared An	ent signatur	e roquired	when reins(ating)	DATE	
12.	OFFICERS AND		13.	OH BIGHTAL	o regones	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		T		Change	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
NAME			1.2 NAME		<u> </u>			
STREET ADDRESS	140 S. CYPRESS RD		1.3 STREE	T ADDRESS				
CITY-ST-ZIP			1.4 CITY - 1	ST-ZIP				
TITLE	5	☐ DELETE	2.1 TITLE		VP		☐ Change	Addition
NAME		HUNTER, PATRICIA			[
STREET ADDRESS	140 S. CYPRESS RD		2.3 STREE	2.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		2.4 CITY-	ST-ZIP				
TITLE	L DELETE 3.1 T		3.1 TITLE		İ		Change	Addition
NAME			3.2 NAME					1
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP		Delete	3.4. CITY -	ST-ZIP	 			
TITLE		∟ DELETE	4.1 TITLE				L. Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-5	ST-ZIP	 		Chooo	Addition
NAME		C.J DECENE	5.1 TITLE 5.2 NAME				L. Change	Addition
STREET ADDRESS			5.3 STREET	r 4 hAnc de				
CITY-ST-ZIP								
TITLE		☐ DELETE	5.4 CITY - 5 6.1 TITLE) I - ZIF	 		☐ Change	Addition
NAME			6.2 NAME				Gridinge	1904(0)1
STREET ADORESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY- S		1			
	ertify that the information supplied with	this filing does not qualify for			L. Co	otion 110 07(3Vi) Florida Statidas 14	undle on a markife a die mai die	a information

receipt certify that the information supplied with this filling 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 receipts of that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.