PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014420

WILLIAM COOK DIRECT MARKETING, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90213 035 ***150.00



Principal Place	of Business	Mailing Address					
225 WATER STREET 225 WATER STREET		225 WATER STREET					
SUITE 1600 SUITE 1600			ite 1600 Cksonville fl 32202		DO NOT WRITE IN THIS SPACE		
JACKSONVILLE FL 32202 JACKS		JACKSONVILLE FL 32202			Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE	
		-			02/15/1996		}
C Drivering Di	long of Rusinger	2a. Mailing Address			4. FEI Number		Applied For
<u> </u>	lace of Business	<u>├</u> ``			***	 	Not Applicable
Suite, Apt.	# 040	Suite, Apt. #, etc.			59-3361926	\$R 7	75 Additional
	#, etc.	}			5. Certifcate of Status Desired		e Required
City & State		City & State			6. Election Campaign Financing	¢5	00 May Be
23	-	28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the curren	nt year Intangible	
24	25	29 30	ภิ		Personal Property Tax.	Yes	MNo
,	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered Agent	
			8	1 Name			ì
Brant, Moore, MacDonald & Wells,		LLS, P.A.	82	Street	Street Address (P.O. Box Number is Not Acceptable)		
50 N. LAURA STREET				0,,000	Address (F.S. Box Hallison & Not Hoospital		
	E 3100		83	3			
JACK	(SONVILLE FL 32202		84	4 City		—. 85	Zip Code
			6	City		FL "	2.,p 0000
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	ve-named	corporation submits this statement for the proration's board of directors. I hereby accept	urpose of changin	g its registered
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligat	or Florida. Such change was auth tions of, Section 607.0505, Florida	a Statute	y the corp s.	oration's board of directors. Thereby accept	the appointment e	is registered
SIGNATURE	- ,	•				_	
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Age	ent signature :	equired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
12.	CD	D DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
	CD SCHRAMM, BERNARD C JR.	☐ ØELETE	1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFI		
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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 emptivered 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 appleas, with all other like empowered.

SIGNATURE

4/29/99

904/353-3911

Daytime Phone #