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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000029735 (3)

DIRECT	MAIL DONE RIGHT, INC.				
Principal Plac	e of Business	Mailing Address			BRION OF UPD FORM INDON MICH OF IT FOUR
2200 W COMMERCIAL BLVD STE 300 FT LAUDERDALE FL 33309		2200 W COMMERCIAL BLVD STE 300 FT LAUDERDALE FL 33309-7116			
				 Date Incorporated or Qualified 04/01/1996 	3a. Date of Last Report
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		Applied for	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		30		Yes 🛂 No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
LAVENDER, JUEL H				savid VAldes	
507 SE 11 COURT			82 Street Add	dress (P.O. Box Number is Not Acceptable	() 1 STE 300
ET.	LAUDERDALE FL 33316		83 220	DO W COMMERCIAL B	IND STE 300
			83		
		_	84 City	<u></u>	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corpc office of registered agent, or both, in the State of Florida, Such change was authorized by the corporation agent. Am familiar with, and accept the obligations of Section 627,1505, Florida Statutes.				ANDSCAPIE	FL 33309
office of	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was a	uthorized by the corpor	ation's board of directors. I hereby ac ce pt	t the appointment as registered
agent. Na	am familiar with, and accept the oblig	ations of Section 607.0505. Island			1,000
SIGNATURE	Signature, typed or printed name of registered agr	The Complicable //NOTE	CFO Hegistered Agent signature req	Lurad when remetating)	1177T
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1) TITLE		Change Addition
NAME	ZIMMERMAN, JORDAN B		1.2 NAME		
STREET ADDRESS	2200 W COMMERCIAL BLVD	STE 300	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33309		1.4 CITY - ST - ZIP		·
THILE	D	☐ DELĒTE	21 THLE		Change Addition
NAME	LAUGHRIDGE, TERRY		2.2 NAME 🛰	•	
STREET ADDRESS	2200 W COMMERCIAL BLVD	STE 300	2.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL 33309		2 4 CITY - ST - ŽÍP		
TITLE	D	☐ DELETE	3 1 TITLF	(-1)	Change Addition
NAME	VALDES, DAVUD		3 2 NAME	valdes bavid	i
STREET ADDRESS	2200 W COMMERCIAL BLVD	STE 300	3.3 STREET ADDRESS		j
CITY-ST-ZIP	FT LAUDERDALE FL 33309		3 4. CITY - S1 - ZIP		
TITLE		L DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		1 222	4.4 CITY - ST - ZIP		□ o □ 4
TITLE		L DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP		[Recent	5.4 CITY - ST - ZIP		Channe
TITLE		L) DELETE	6.1 TITLE	70000209	232 Change Addition
NAME			6.2 NAME	70000209 -02/19/970108 ***173.75	1 017
STREET ADDRESS			6.3 STREET ADDRESS	***173.75 VA	3 2-19
CITY-ST-ZIP	I		6.4 CITY - ST - ZIP.	· •	- 0 .

14. I do hereby certify that the information supplied with this Hing 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 arms a 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 princetor 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 a suddress.

undar

OKH - 421-29111

FILED

Feb 19 1997 8:00am

Secretary of State