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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044792 (5)

DIRECT MARKETING FINANCE & ESCROW INC.

FILED Feb 04 1998 8:00am Secretary of State

	manicino i ilanoc o					
Principal Plac	e of Business	Mailing Address			T I I I I I I I I I I I I I I I I I I I	i 4585 6500 1880 1810 1810 1891
900 6TH AVE S. #104 NAPLES FL 33940		900 6TH AVE S. #104 NAPLES FL 33940		DO NOT WRITE IN TI	HIG SDACE	
					3. Date Incorporated or Qualified 05/20/1996	III OI AGE
2, Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21 26					65-0690937	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
		27	27		5. Certificate of Status Desired	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	Count	ry	8. This corporation owes or has paid the	
24	9. Name and Address of Currer	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
		it riogistorou Agorit	- 18	1 Name	10. Italiio Bild Addition of the Hogisto	log Agent
	WIE, RAYMOND J		-			
900 6TH AVE S, #104 NAPLES FL 34102			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
l na	FUES FL 34102		8	3		
			<u> </u>	<u> </u>		
]6	4 City		FL 85 Zip Code
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	authorized	by the corporal	poration submits this statement for the purportion's board of directors. I hereby accept the	se of changing its registered
SIGNATURE	and decept the esting	anone on oscion con local, in	orrow Ottake			
SIGNATURE	Signature, typed or printed name of registered agr	ont and title if applicable (NOT	F. Registered A	gent signature requi	red when reinstating) DA	1€
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	BOWIE, RAYMOND J		1.2 NAM	E		
STREET ADDRESS	900 6TH AVE SO, #104		1.3 STRE	et address		
CITY-ST-ZIP	NAPLES FL	- Lotiess	1.4 CHY			
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAM	1		
STREET ADDRESS				ET ADDRESS	e de la companya de l	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY			Change Addition
NAME		T orreit	3.1 TITLE 3.2 NAM	1		T Quante T Wanting
STREET ADDRESS				ET ADDRESS		
City-ST-ZIP			3.3 3 Inc			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	ĺ		
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAMI			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			6.4 CITY	ST - ZIP		
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify fo	r the exem	ption stated in	Section 119.07(3)(i), Florida Statutes, I furthe	r certify that the information

Indicated on this annual report or supplied with this hind does not quality for the exemption stated in section 119.0/(3/t), Florida Statutes. Floride 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 chapter 607 or an adjachment with an address.