

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

FILED

Apr 17 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000056788 (8)

1. Corporation Name
MAKEPEACE DIRECT, INC.



| | |
|---|--|
| Principal Place of Business 665 NORTH OWL DRIVE SARASOTA FL 34236 | Mailing Address 665 NORTH OWL DRIVE SARASOTA FL 34236-1905 |
|---|--|

| | |
|--|-------------------------|
| 3. Date Incorporated or Qualified 07/05/1996 | 3a. Date of Last Report |
|--|-------------------------|

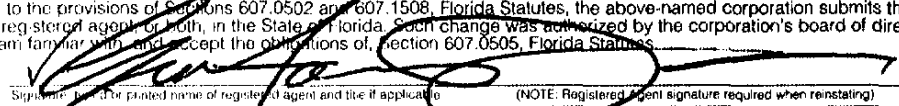
| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 25 Country | 29 Country |
| 30 | 30 |

| | |
|---|--|
| 4. FEI Number 05-0682685 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | |
|--|--|

| | |
|--|--------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name George V. Famiglio Jr | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1634 MAIN ST | |
| 83 | |
| 84 City SARASOTA | 85 Zip Code FL 34236 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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  DATE **3/27/97**

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | MAKEPEACE, CLAYTON | |
| STREET ADDRESS | 665 NORTH OWL DRIVE | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--------------------------|---|
| 11 TITLE | Pres. ID | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | CLAYTON MAKEPEACE | |
| 13 STREET ADDRESS | 665 N. OWL DRIVE | |
| 14 CITY-ST-ZIP | SARASOTA FL 34236 | |
| 21 TITLE | VPI/ST ID | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Wendy MAKE | |
| 23 STREET ADDRESS | 665 N. OWL DRIVE | |
| 24 CITY-ST-ZIP | SARASOTA FL 34236 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do 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 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:  DATE **4/9/97** 941-953-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **2023**

CR2E034 (9/96)