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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

## May 07, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

05-07-1999 90116 013 \*\*\*158.75

i. Culpulation	MENT # <b>P96000</b> DIRECT, INC.	070317							
Principal Place	e of Business	Mailing Address				<b>10</b> 116			
9659 TRADEPORT DR ORLANDO FL 32827		9659 TRADEPORT DR ORLANDO FL 32827							
US	JEOE!	US				T WRITE IN THIS	SPACE		
					3. Date Incorporated or Qu 08/23/1996	ıalifed			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Арг	olied For	
21		26			<u>59-3396641</u>			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Des	sertificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	e	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip			y		This corporation owes the current year Intangible			
24	25 29 3			•	Personal Property Tax.				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name					
BRETT, KELLY			82	2 Street A	ddress (P.O. Box Number is Not A	Accentable)			
9659 TRADEPORT DR			04	Slieer	duress (F.O. Box Number is Not)	ioceptable/			
ORL	ANDO FL 32827		83	3	·				
			84	4 City			85 Zip C	ode	
			"	City		FL	_		
l office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State of maniliar with, and accept the obligate Signature, typed or printed name of registered agent	of Florida. Such change was au lions of, Section 607.0505, Flori	thorized by ida Statute	y the corpor s.	ation's board of difectors, i riefeb	рассерт те арро		instered	
12.	OFFICERS AND DIRECTORS		13.	13. ADDITIONS/CHANGES TO OFFICERS AN					
TITLE	PC	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	KELLY, BRETT A		1.2 NAME						
STREET ADDRESS	6267 BENT PINE DR #1124B		1.3 STREE	ETADORESS					
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-				——————————————————————————————————————		
TITLE	DELETE DELETE		2.1 TITLE				Change	☐ Addition	
NAME	MCEWEN, TERRY		2.2 NAME		Λι <b></b>	Dal	جمد		
STREET ADDRESS		R 2		ET ADDRESS (	9659 TRADEB	OCT DICE	<u>v</u>		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-	ST-ZIP					
TITLE	S	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	KELLY, CARRIE M		3.2 NAME						
STREET ADDRESS			3.3 STREI	ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL			ST-ZIP					
TITLE	TD	☐ DELETE 4.11					□ Change	noitibbA	
NAME	MCEWEN, JR W		4. 2 NAME	<b> </b>	9659 Trades	wit Dra	ie.		
STREET ADDRESS	9427 TRADEPORT DR				MU - 1 1				
CITY-ST-ZIP	ORLANDO		4.4 CITY-	+			Channe	[ ] Addition	
TITLE		☐ DELETE	51 TITLE				Change	☐ Addition	
NAME			5.2 NAME	1					
STREET ADDRESS				ET ADDRESS				j	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					

CITY-ST-ZiP 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 till receiver of 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 with a other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

DELETE

SIGNATURE:

TITLE

STREET ADDRESS

☐ Change

☐ Addition