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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600070710

. Corporation Name

DIRECT ADVANTAGE, INC.

Prin	rincipal Place of Business						
3872	50TH	AVENUE	SOUTH				

Mailing Address

3872 50TH AVENUE SOUTH ST. PETERSBURG FL 33711

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90130 036 ***150.00



ST. PETERSBURG FL 33711		ST. PETERSBURG FL 33711		DO NOT WRITE IN THIS SPACE				
		•			3. Date Incorporated or Qualifed			
ā	and the same				08/22/1996			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	· _	Applied For	
21		26			NOT APPLICABLE		Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	• -	75 Additional ee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5	.00 May Be	
23		28			Trust Fund Contribution	Ad	ded to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current ye		_	
24	25	29	10		Personal Property Tax.	☐ Yes	i 2∕2∫No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
			81	Name	•			
MON	IROSE, ERNEST WILLIAM IV		82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
3872 50TH AVENUE SOUTH			-	52 Sacet Address (F.O. Box Hamber is Not Nocopiasis)			·	
ST. P	PETERSBURG FL 33711		83	-	•		- "	
	•			Oit.		85	Zip Code	
			84	1 1		FLIT	•	
agent. 1 ai	m tamiliar with, and accept the obligati	IDRIS DI, SECUDII 607.0505, FIOR	thorized by da Statutes	the corpora s.	rporation submits this statement for the purporation's board of directors. I hereby accept the	appointment	as registereu	
SIGNATURE	Emstw. Momo	and title if applicable. (NOTE: F	Registered Age	nt signature requ	ired when reinstating) DA	rÉ .		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	D	☐ DELETE	1.1 TITLE			☐ Cha	ange	
NAME	MONROSE, ERNEST WILLIAM IV	1	1.2 NAME	1	•			
STREET ADDRESS	3872 50TH AVENUE SOUTH		1.3 STREE	TADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33711		1,4 CITY- 9	ST-ZIP	•			
TITLE		☐ DELETE	2.1 TITLE			☐ Ch	ange Addition	
NAME			2.2 NAME		•			
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP	 -		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Ch	ange 🗌 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Ch	ange	
NAME	•		4. 2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	·		4.4 CITY-5		•		•	
TITLE		☐ DELETE	5.1 TITLE			□ Ch	ange	
NAME .			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS			•	
CITY-ST-ZIP			5,4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		7	☐ Ch	ange 🔲 Addition	
NAME	General Control		6.2 NAME			,		
i. '	April 1982 1982 1982 1982 1982 1982 1982 1982 1982 1982 1982 1982 1982 1982 1982		6.3 STREE	T ADDRESS				
STREET ADDRESS			64 CITY+5					

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 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (727) 867-0285 Deytime Phone #

R2E034 (11/98)