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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000073785 (3)

MARKET DIRECT, INC.

Principal Place of Business	Mailing Address				
1231 GARDEN STREET TITUSVILLE FL 32796	1231 GARDEN STREET TITUSVILLE FL 32796				
2. Principal Place of Business	2a. Mailing Address				

FILED May 04 1998 8:00am Secretary of State

	•									
Principal Place of Busines	SS	Mailing Address	3				IKANDI KUBI UDANA DANKA DAKIK NAJI	A BARK DOMA RODU	1011 10001 1019	#
1231 GARDEN STREET 1231 GARDEN STREET										
TITUSVILLE FL 32796 TITUSVILLE FL 32796										
								RITE IN THIS S	PACE	
						l -	Incorporated or Qualific	e0		,
2. Principal Place of Busi	noss	2a. Mailing Add	7000			4. FEI N	3/1996		1 100	oplied For
21	11000	26	.033			1	3404889		h	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #	. etc.				- 		\$8.75	
22		27	,			5. Certifi	cate of Status Desired		Fee Re	
City & State		City & State				6 Flection	on Campaign Financing	a	\$5.00	May Ba
23		28				I	Fund Contribution	[®] D	Added t	
Zip	Country	Ziρ	Country			8. This c	orporation owes or has	s paid the curr	ent year Int	angible
24	25	29	30	,			nal Property Tax due J			No
9. Name	and Address of Current	Registered Agent				10. Name	and Address of New	Registered A	gent	
BEAN, CHRIS	TINE			81	Name					
1231 GARDEN	I STREET			82	Street A	Address (P.O. Bo	x Number is Not Accep	ptable)		
titusville fi	. 32798							<u> </u>	<u></u>	
				83						ł
				84	City		· · · · · · · · · · · · · · · · · · ·		85 Zip (Code
								F <u>L</u>		
11. Pursuant to the provis	sions of Sections 607.0502 gent or both, in the State c	and 607.1508, Flori EFlorida: Such char	da Statutes, nge was auth	the above orized by	e-named of the corp	corporation subm pration's board o	nits this statement for the directors. Thereby ac	he purpose of	changing its	s registered
agent. I am familiar w	ith, and accept the obligat	ions of, Section 607	.0505, Florid	a Statutos				POOR NO EXPE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Cg.Diorou
SIGNATURE							<u> </u>			
Signature, types	for prented name of rogistered agent OFFICERS AND		(NOTE: Re	13.	nt signature i	required when reinstatin	ONS/CHANGES TO OF	DATE.	DIRECTOR	- INI 12
TITLE PD	CATTOLINATIO		ELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	700111	ONO/OF MINGES TO OF		☐ Change	Addition
'-	CHRISTINE	-		1.2 NAME					_ •	
	ARDEN STREET			1.3 STREET	ADDRESS					
	LLE FL 32796			1.4 CITY-S						
TITLE VPSD		D	ELETE	21 111LE	· · · ·				Change	Addition
NAME BEAN, F	RYEN A		1	2.2 NAME	- 1					
	VRDEN STREET			2.3 STREET	ADDRESS					
CITY-ST-ZIP TITUSVI	LLE FL 32796			2.4 CITY-S	it - ZIP					
TITLE		D	ELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME	[
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY - S	T-ZIP					
TITLE		p	ELETE	4.1 TITLE					Change	Addition
NAME				4.2 NAME						
STREET ADDRESS				4.3 \$TREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY - S	r- ZIP					
TITLE		□ D	LETE	5.1 TITLE					Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	address					
CITY-ST-ZIP		<u></u> -		5 4 Cily-S	I-ZIP					
TITLE		□ D	LETE	61 TITLE	ļ				Change	L Addition
NAME				6.2 NAME	i					
STREET ADDRESS				63 STREET	ADDRESS					
CITY-ST-ZIP			l l	64 CITY-S	T-ZIP					

14. Thereby 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 man attachment with an address.