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FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000076314 (9)

1. Corporation Name

PARTNERS MARKETING SERVICES OF FLORIDA, INC.

Principal Place of Business

222 LAKEVIEW AVENUE, #1510  
ATTN: PAULA HUGHES  
WEST PALM BEACH FL 33401-6149

Mailing Address

222 LAKEVIEW AVENUE, #1510  
ATTN: PAULA HUGHES  
WEST PALM BEACH FL 33401-6149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1250 Capital of Texas Hwy South

27 Suite, Apt. #, etc.

28 City & State

Austin, TX

29 Zip

30 Country

USA

4. FEI Number

65-0706837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLAH, RICHARD  
222 LAKEVIEW AVENUE, #1510  
WEST PALM BEACH FL 33401-6149

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CALLAHAN, R. BRUCE  
STREET ADDRESS 1250 CAPITOL OF TEXAS HWY. S, BLD 2 #600  
CITY-ST-ZIP AUTIN TX 78748

TITLE DV  
NAME CARTER, ROBERT R  
STREET ADDRESS 1250 CAPITOL OF TEXAS HWY. S, BLD 2 #600  
CITY-ST-ZIP AUTIN TX 78748

TITLE DP  
NAME FEGLEY, GARY J  
STREET ADDRESS 1250 CAPITOL OF TEXAS HWY. S, BLD 2 #600  
CITY-ST-ZIP AUTIN TX 78748

TITLE S  
NAME CURRAN, SUSAN  
STREET ADDRESS 1250 CAPITOL OF TEXAS HWY. S, BLD 2 #600  
CITY-ST-ZIP AUTIN TX 78748

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

Susan Curran

Susan Curran

1/15/98

(912) 329-5761

CR2E034 (10/97)