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Jan 26, 1999 8:00am  
Secretary of State

01-26-1999 90046 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000076314

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  
1250 CAPITAL OF TEXAS HWY SOUTH  
BLDG2, STE 600, ATTN TOM YOUNG  
AUSTIN TX 78746  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified

09/11/1996

4. FEI Number  
65-0706837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CALLAHAN, R. BRUCE  
1250 CAPITAL OF TEXAS HWY. S, BLD 2 #600  
AUTIN TX 78746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
CARTER, ROBERT R  
1250 CAPITAL OF TEXAS HWY. S, BLD 2 #600  
AUTIN TX 78746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
FEGLEY, GARY J  
1250 CAPITAL OF TEXAS HWY. S, BLD 2 #600  
AUTIN TX 78746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
CURRAN, SUSAN  
1250 CAPITAL OF TEXAS HWY. S, BLD 2 #600  
AUTIN TX 78746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Susan O. Curran

1/5/99

512-329-5761

Date

Daytime Phone #

CR2E034 (11/98)