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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082199 (6)

GROUP DIRECT MARKETING SERVICES, INC.

FILED Apr 16 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 4106 W CYPRESS STREET 4106 W CYPRESS STREET **TAMPA FL 33607 TAMPA FL 33607** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1996 2. Principal Place of Business 2a. Mailing Address Applied For 28 3302 W. Azeele St. 3302W. Azeele Not Applicable 59-3403184 \$8.75 Additional 5. Certificate of Status Desired Г 200 Fee Regulred City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible □ No 24 29 Personal Property Tax due June 30, ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name DAYHOFF, CHARLES S NI 3830 TAMPA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 150 83 PALM HARBOR FL 34684 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1 1 1/1 F FARAGUNA, MICHAEL J 12 NAME NAME 1217 S PINE LAKE DR 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition FARAGUNA, SUSAN C NAME 2.2 NAME 1217 S PINE LAKE DR STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZiP Addition TITLE DELETE 51 TITLE Change NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change ☐ DELETE Addition TITLE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-SF-ZIP

14. I hereby certify that the information supplied with this filting 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change

SIGNATURE