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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000086926 (8)** 

DIRECT MAIL SUCCESS, INC.

## FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2441 BELLEVUE AVENUE 2441 BELLEVUE AVENUE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1996 2a. Mailing Address Applied For 2. Principal Place of Business 4. FEI Number 59-3403713 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MEWHORT, BERNARD 2441 BELEVUE AVE 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE Hegistereo Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition □ DELETE 1.1 TITLE Change TITLE MEWHORT, BERNARD F II 1.2 NAME NAME 2441 BELLEVUE AVENUE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME MEWHORT, CAROLE A 2.2 NAME 2441 BELLEVUE AVENUE STREET ADDRESS 2.3 STREET ADDRESS **DAYTONA BEACH FL 32114** CITY-ST-ZIP 2 4 CITY-ST-ZIP DILETE Change Addition 31 TIFLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 2IP 3.4. CITY-ST-ZIP DILETE Change Addition TITLE 4.1 1ITLE NAME 4. 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY - ST- ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

4. 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 occiver 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 opgoing the limitation with an address.

SIGNATURE:

J. S.

4/2/50

R2E034 (10/97)