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

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CITY-ST-ZIP

Apr 22 1998 8:00am STREET STATES Secretary of State Secretary of State P96000089200 (5) DOCUMENT # DIRECT MARKETING SERVICES GROUP, INC. Mailing Address Principal Place of Business 7801 NORTH FEDERAL HIGHWAY 7601 NORTH FEDERAL HIGHWAY SUITE - 2050 SUITE 2058 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487 BOCA RATON FL 33487** 3. Date Incorporated or Qualified 10/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 00 Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. T. 400 DELETE Change TITLE 1.1 DIDE SWEENEY, TIMM JEANNE SUEENMY NAME 1.2 NAME 7601 NIRTH FEOGRAPHING \$ 2008 STREET ADDRESS 7601 N. FEDERAL HWY, STE 205B 1.3 STREET ADDRESS SCCA RATIN FL 37487 CITY-ST-ZIP BOCA RATON FL 33487 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition SHEER, ARNOLD 7601 N. PEDERAL HWY, STE 205B NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS BOCA RATION FL 33487 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 T(TL€ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition ___ Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- 7IP 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 suppliemental 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.

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