

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**  
07-20-1999 90006 006 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000023847**

1. Corporation Name  
**CATALOG MARKETING SERVICES, INC.**

Principal Place of Business  
**2033 WOOD STREET  
SUITE 220  
SARASOTA FL 34237**

Mailing Address  
**301 INDUSTRIAL BLVD  
ATTN: J COCANOWER  
CONWAY AR 72032  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/17/1997**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**56-1534743**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Zip

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

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYS  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	KLINE, ROGER S	
STREET ADDRESS	301 INDUSTRIAL BLVD	
CITY-ST-ZIP	CONWAY AR 72032	
TITLE	TCFO	<input type="checkbox"/> DELETE
NAME	BLOOM, ROBERT S	
STREET ADDRESS	301 INDUSTRIAL BLVD	
CITY-ST-ZIP	CONWAY AR 72032	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUGHES, CATHERINE	
STREET ADDRESS	301 INDUSTRIAL BLVD	
CITY-ST-ZIP	CONWAY AR 72032	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, SHAYNE D	
STREET ADDRESS	301 INDUSTRIAL BLVD	
CITY-ST-ZIP	CONWAY AR 72032	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Shayne D. Smith* **SHAYNE D. SMITH** *July 13, 1999* **501-336-1000**

CR2E034 (5/99)