4.23.98 B - 5/16 - FII F NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000041256 (3)

A & M DIRECT, INC.

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business C/O STEVEN J. ASARCH. P.A. C/O STEVEN J. ASARCH. P.A. 7777 GLADES RD SUITE 200 CORPORATE CENTRE 7777 GLADES RD SUITE 200 CORPORATE CENTRE DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33434 BOCA RATON FL 33434** 3. Date Incorporated or Qualified 05/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-07904 Not Applicable 21 Suite. Apt. #. etc. \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Yes Yes Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ASARCH, STEVEN J 7777 GLADES RD 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 **BOCA RATON FL 33434** Zip Code 84 City 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. Stgnature, typoid 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 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE 1.1 TITLE TALKOW, MICHAEL S 1.2 NAME NAME 14 MULLARKEY DR 1.3 STREET ADDRESS STREET ADDRESS WEST ORANGE NJ 07052 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TŧTLE TALKOW, AMY G 2.2 NAME NAME 14 MULLARKEY DR 2.3 STREET ADDRESS STREET ADDRESS WEST ORANGE NJ 07052 2. 4 CITY-ST-ZIP CHTY-ST-ZIP DELFTE Change Addition 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition 41 TITLE TOLE 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP

14. I horeby 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.