

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000041256**

ation Name
M DIRECT, INC.

Place of Business
**STEVEN J. ASARCH, P.A.
7777 GLADES RD SUITE 200 CORPORATE CENTRE
BOCA RATON FL 33434**

Mailing Address
**C/O STEVEN J. ASARCH, P.A.
7777 GLADES RD SUITE 200 CORPORATE CENTRE
BOCA RATON FL 33434**



DO NOT WRITE IN THIS SPACE

Place of Business

2a. Mailing Address

pt. #, etc.

Suite, Apt. #, etc.

State

City & State

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASARCH, STEVEN J
7777 GLADES RD
SUITE 200
BOCA RATON FL 33434**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

RE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D
TALKOW, MICHAEL S
14 MULLARKEY DR
WEST ORANGE NJ 07052

☐ DELETE

13.
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P
Talkow, Michael
6838 Royal Orchid Circle
Delray Beach FL 33446

☒ Change ☐ Addition

D
TALKOW, AMY G
14 MULLARKEY DR
WEST ORANGE NJ 07052

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
Talkow, Amy
6838 Royal Orchid Circle
Delray Beach FL 33446

☒ Change ☐ Addition

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I 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 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

9/1/99

CR2E034 (5/99)