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 DRPORATION NUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P97000041256 j

M DIRECT, INC.

UMENT#

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90011 049 ***550.00



| ce of Business | Mailing Address | | | |
|--|--|-------------------------------------|---|---------------------------------------|
| I J. ASARCH. P.A. | C/O STEVEN J. ASARCH. 1 | P.A. | | , |
| S RD SUITE 200 CORPORATE CENTRE | 7777 GLADES RD SUITE 200 CORPORATE CENTRE BOCA RATON FL 33434 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
| N FL 33434 | | | | |
| | | | 05/08/1997 | |
| Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| riace of Dusiness | 26 | | 65-0790433 | Not Applicable |
| t. #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| | 27 | | 5. Certificate of Status Desired | Fee Required |
| ate | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| | 28 | | Trust Fund Contribution | Added to Fees |
| Country | Zip | Country | 8. This corporation owes the current year | |
| 25 | 29 | 30 | Intangible Personal Property. | Yes No |
| 9. Name and Address of Current | | | 10. Name and Address of New Register | ed Agent |
| | | 81 Name | | |
| SARCH, STEVEN J | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| 77 GLADES RD | | 62 Sueet Addit | ass (F.O. Box Number is Not Acceptable) | |
| JITE 200 | 4. | 83 | g the grant of the state of | |
| DCA RATON FL 33434 | . : | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | · · · · · · · · · · · · · · · · · · · |
| | | 84 City | F | 85 Zip Code |
| at to the previous of spations 607.0502 | and 607 1509 Florida Statuten | the above remed corner | ation submits this statement for the purpose of | |
| r registered agent, or both, in the State o | of Florida. Such change was aut | thorized by the corporation | on's board of directors. I hereby accept the app | pointment as registered |
| am familiar with, and accept the obligat | ions of, section 607.0505, Flori | da Statutes. | | |
| | | | | |
| Signature, typed or printed name of registered agent | | E: Registered Agent signature requi | | |
| OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| D THE KOW MICHAEL O | L DELETE | | n b. n. at | Change Addition |
| TALKOW, MICHAEL S | | 1.2 NAME | illow Michael 338 Royal Orchib Circle | |
| 14 MULLARKEY DR | | | | 1 |
| WEST ORANGE NJ 07052 | | | elmy Brach FL 33441 | |
| D | DELETE | 2.1 TITLE | | Change Addition |
| TALKOW, AMY, G | | 2.2 NAME TO | Now Amy | |
| 14 MULLARKEY DR | | 2.3 STREET ADDRESS 6 | 338 Rusel Ordid Circle | |
| WEST ORANGE NJ 07052 | | 2.4 CITY-ST-ZIP | dry Becci 12 334 | 46 |
| | DELETE | 3.1 TITLE . | _ ~ · | Change Addition |
| } | | 3.2 NAME | | |
| ** * | | 3.3 STREET ADDRESS | | |
| 1: | | 3.4 CITY-ST-ZIP | | |
| | DELETE | 4.1 TITLE | | Change Addition |
| \ | ☐ Pere IE | 4.2 NAME | | L Change L Addition |
| | | | | |
| | | 4.3 STREET ADDRESS | | |
| | | 4.4 CITY-ST-ZIP | | <u> </u> |
| | DELETÉ | 5.1 TITLE | | Change Addition |
| | | 5.2 NAME | | |
| | | 5.3 STREET ADDRESS | | |
| | | 5.4 CITY-ST-ZIP | | |
| | DELETE | 6.1 TITLE | | Change Addition |
| · · | | 62 NAME | | |
| | | 6.3 STREET ADDRESS | • | |
| 1 | | 6.4 CITY-ST-ZIP | | |
| ertify that the information supplied with the | his filing does not qualify for the | | on 119 07(3)(i) Florida Statutes, I further certi- | fy that the information |

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

THRE