


PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 26 PM 1:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
DOCUMENT # P98000000283 1. Corporation Name D.J. MAILING SERVICES, INC.																	
Principal Place of Business 5971-3 POWERS AVENUE JACKSONVILLE FL 32217		Mailing Address 4110 SOUTHPPOINT BLVD #205 JACKSONVILLE FL 32216		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1998 4. FEI Number 59-3405037 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
2. Principal Place of Business 21 6110-6 Powers Ave Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL Zip 24 32217 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30															
9. Name and Address of Current Registered Agent CAMP, RICHARD 4110 SOUTHPPOINT BLVD #205 JACKSONVILLE FL 32216			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL														
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 reappointing) DATE _____																	
12. OFFICERS AND DIRECTORS																	
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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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Daytime Phone # _____

CR2E034 (1/98)