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Apr 29, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000060969

1. Corporation Name

DIRECT ACCESS DISTRIBUTORSHIP A, INC.

Principal Place of Business Size SCHERR DRIVE #550 ST. PETERSBURG FL 33764 280 SCHERR DRIVE #550 ST. PETERSBURG FL 33764 280 SCHERR DRIVE #550 ST. PETERSBURG FL 33764 290 SCHERR DRIVE #550 Suite Apt #, etc. Suite		· · · · · · · · · · · · · · · · · · ·				({
ST. PETERSBURG FL 33764 ST. PETERSBURG FL 33764 ST. PETERSBURG FL 33764 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/09/1998 4. FEI Number 59 - 3528774 Not Applicable 59. 75 Additional 50. Certificate of Status Desired 59. 75 Additional 59. Representation of Status Desired 50. Certificate of Status Desired 50. Certificate of Status Desired 59. 75 Additional 59. Representation of Status Desired 50. Certificate of Status Desired 50	Principal Place of Business Mailing Address					
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3. Date Incorporated or Qualifed 07/06/1998 2. Principal Place of Business						DO NOT WRITE IN THIS SPACE
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2. Principal Place of Business						
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Sixte Sixt	· ·	business	<u> </u>			
22 27 27 5. Certificate of Status Desired					 	
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Zip Country Zip Country Zip Country	_ `		⊢			
28 29 30 Personal Property Tax. Yes ENo 9. Name and Address of Current Registered Agent HOLCOMB, VICTOR W 415 SOUTH HYDE PARK AVENUE TAMPA FL 33606 82 Street Address (P.O. Box Number is Not Acceptable) 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 607.0502, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D KEVORKIAN, JAKE IV 2860 SCHERER DRIVE #650 13. STREET ADDRESS CITY. ST-ZIP ST. PETERSBURG FL 33764 14. CITY. ST-ZIP 21. TITLE WILLIAM H. HARPFAL DELETE 21. TITLE 22. NAME 23. STREET ADDRESS 57. PATELISBUNG, FL 3 3764 24. CITY. ST-ZIP 24. CITY. ST-ZIP 25. TREET ADDRESS 26. CITY. ST-ZIP 37. PATELISBUNG, FL 3 3764 24. CITY. ST-ZIP 25. STREET ADDRESS 26. CITY. ST-ZIP 26. STREET ADDRESS 27. PATELISBUNG, FL 3 3764 24. CITY. ST-ZIP 24. CITY. ST-ZIP 25. TREET ADDRESS 26. CITY. ST-ZIP 27. PATELISBUNG, FL 3 3764 28. STREET ADDRESS 29. STREET ADDRESS 20. CITY. ST-ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY. ST-ZIP 24. CITY. ST-ZIP 25. TREET ADDRESS 26. CITY. ST-ZIP 26. CITY. ST-ZIP 27. PATELISBUNG, FL 3 3764 28. STREET ADDRESS 29. STREET ADDRESS 20. CITY. ST-ZIP		Country		Country		
9. Name and Address of Current Registered Agent HOLCOMB, VICTOR W 415 SOUTH HYDE PARK AVENUE TAMPA FL 33606 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Reference Registered Agent Registered Registered Agent Registered			¬ '			
HOLCOMB, VICTOR W 415 SOUTH HYDE PARK AVENUE TAMPA FL 33606 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable.				$ \top$		
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STREET ADDRESS 3.3 STREET ADDRESS]				ADDRESS	

4、10¹¹ 联络《我心 Jeph 6.4 CITY-ST-ZIP 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, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

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52 NAME

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☐ DELETE

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DELETE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addition

Addition

Addition

Change

Change

Change