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 # P98000084064

1. Corporation Name

DIRECT IMPACT PROMOTIONS, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90004 047 ***150.00

Principal Place	e of Business	Mailing Address						, , , , , , , , , , , , , , , , , , , ,
7700 W. CAMINO REALSTE.400		7700 W. CAMINO REALSTE.400				ļ		
BOCA RATON FL 33433		BOCA RATON FL 33433				DO NOT WORK IN T	THE CDACE	
						DO NOT WRITE IN T 3. Date Incorporated or Qualified	HIS SPACE	
						09/24/1998		
2 Principal B	lace of Business	2a. Mailing Address				4. FEI Number	-	Applied For
z. Principal P	lace of business	26				65-0865459	 	ot Applicable
21 Suite Ant	#, etc	Suite Apt # etc						Additional
22	, , ,	27				5. Certificate of Status Desired	*	Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	red Agent	
				81	Name			
	ESTRI, LEONARD SR.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
7700 W. CAMINO REAL, STE. 400				"	Oll CCI AC	diess (1.0. box rialipse in the tree test place)		,
BOC	A RATON FL 33433			83				
				84	City		85 Zip	Code
				04	City		FL °° ="	, 550
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	utes, the	above	-named co	rporation submits this statement for the purpos	e of changing it	ts registered
office or r	egistered agent, or both, in the State o Im familiar with, and accept the obligati	f Florida. Such change was ons of. Section 607.0505. Fl	authorize Iorida Sta	ed by t itutes	the corpora	tion's board of directors. I hereby accept the a	ppolittinent as i	egistereu
-	in landa war, and doopt no obligati							
SIGNATURE	Signature, typed or printed name of registered agent							
	Signature, types or printed rialities or registeres agent	and title if applicable. (NO	TE: Registere	d Agent	t signature requ	ired when reinstating) DAT	E	
12.	OFFICERS AND	DIRECTORS	TE: Registere		t signature requ	pired when reinstating) DATI ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	
12.	OFFICERS AND		13		t signature requ	into mion tombung/		
	P SILVESTRI, LEONARD SR.	DIRECTORS DELETE	1.11		t signature requ	into mion tombung/	S AND DIRECT	
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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 granged or on an attachment with an addition, with all other like empowered.

SIGNATURE: