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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000102195

ADVANTAGE DIRECT MAIL SERVICES, INC.

2605 E. ATLANTIC AVE., SUITE 207

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90060 008 ***150.00



Mailing Address P V P 2605 E. ATLANTIC AVE.. SUITE 207 Principal Place of Business のより POMPANO BCH FL 33062 POMPANO BCH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/04/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip □No ☐ Yes 30 Personal Property Tax. 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GLUCK, STEWART M 2017 2005 E. ATLANTIC AVE., SUITE 207 Street Address (P.O. Box Number is Not Acceptable) 82 POMPANO BCH FL 33062 83 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. President DELETE 1.1 TITLE TITLE STEWART GLUCK 1.2 NAME 20970-3 VIA ALAMANDA NAME 1,3 STREET ADDRESS STREET ADDRESS BOCA RATION, FC 33428 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE VILLE PIESIDEN ☐ Addition 2.1 TITLE TITLE WILLIAM STOUTLEY WO 2605 E ATLANTIC BLUP 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33062 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of 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 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)