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 # S19411

DISCOVER MARKETING DIRECT, INC.

Principal Place	of Business	Mailing .	Address				-{		III DIBII DI	DII BEBU DIBU	8(8)) 616)) 1081
8415 SUNSTATE ST		P.O. BO	P.O. BOX 270156								
TAMPA FL 33634-1309			TAMPA FL 33688-0156				DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualifed					
							12/18/1990	iallicu			
2 Dringing D	ace of Business	2a Mail	ing Address				4. FEI Number	-		TAI	plied For
	ace of business	26	ing Address				59-3042527			<u> </u>	ot Applicable
Suite, Apt.	# etc.		a, Apt. #, etc.								Additional
22		27	•				5. Certifcate of Status Des	ired [Fee Re	equired
City & State			City & State				6. Election Campaign Fina	ncing r		\$5.00	May Be
23		28					Trust Fund Contribution			Added	to Fees
Zip	Country	Zip		Count	ту		8. This corporation owes to	ne current	t year Inta		
24	25	29		30			Personal Property Tax.			☐ Yes	₩ No
	9. Name and Address of Curr	ent Registered	Agent		<u> </u>		10. Name and Address of	New Reg	istered A	Agent	
01151	LEMAN CAROL			8	11 N	lame					
	LLEMAN, CAROL			8	2 S	treet Addre	ess (P.O. Box Number is Not /	Acceptable	e)		
	SUNSTATE ST			L	_		· · ·				
IAMI	PA FL 33634			8	13						ì
				8	14 C	ity				85 Zip	Code
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office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stat	te of Florida. St	ich change was at	ithorized b	วง เทe	emed corpo corporation	oration submits this statement n's board of directors. I hereby	or the pu accept t	he appoin	tment as re	egistered
agent. I a	m familiar with, and accept the obli	gations of, Sect	ion 607.0505, Flor	ida Statute	es.						ļ
	,										
SIGNATURE									DATE		j
	Signature, typed or printed name of registered a				gent sig	nature required	when reinstating)	TO OFFIC	DATE CERS AN	D DIRECTO	ORS IN 12
12.	OFFICERS /	gent and title if applic		13.		nature required	when reinstating) ADDITIONS/CHANGES	TO OFFIC		D DIRECTO	DRS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: Carol

CITY-ST-ZIP

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90141 034 ***150.00