FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44688** **(7)**

1. Corporation Name
DIRECT RESULTS INCORPORATED

Principal Place of Business	Mailing Address
21933 U.S. HIGHWAY 19 N CLEARWATER FL 34625	21933 US HWY 19 N #817 CLEARWATER FL 34625 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1991
3a. Date of Last Report: 09/12/1994

2. Principal Place of Business	2a. Mailing Address
21 1551 EastLake	26 1551 EastLake
Suite, Apt. #, etc. 22 Woodlands PKWY	Suite, Apt. #, etc. 27 Woodlands PKWY
City & State 23 Oldsmar FL	City & State 28 Oldsmar FL
Zip 24 34677 Country 25 USA	Zip 29 34677 Country 30 USA

4. FEI Number: 59-3067608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BELCIK, JOSEPH A.
21933 US HWY 19 N
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name: JOE Belcik
82 Street Address (P.O. Box Number is Not Acceptable): 1551 EastLake Woodlands PKWY
83 Oldsmar FL 34677
84 City: FL 85 Zip Code: 34677

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] JOE Belcik 4-16-95
(Signature, typed 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	11 TITLE	☒ Change ☐ Addition
NAME	BELCIK, JOSEPH A.	12 NAME	JOE Belcik
STREET ADDRESS	2678 N MCMULLEN	13 STREET ADDRESS	1551 EastLake Woodlands PKWY
CITY-ST-ZIP	CLEARWATER, LF	14 CITY-ST-ZIP	Oldsmar FL 34677
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: [signature] JOE Belcik 4-16-95 813 787-2285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0980744 CP