

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 22 PH 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08367

(7)

1. Corporation Name

DIRECT COMMUNICATIONS CORP.

Principal Place of Business

1765 BEACH AVENUE
ATLANTIC BEACH FL 32233

Mailing Address

1765 BEACH AVENUE
ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1992

3a. Date of Last Report

02/07/1994

4. FEI Number

13-3544901

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

2. Principal Place of Business

21 2203 Captain's Way

2a. Mailing Address

26 2203 Captain's Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Jupiter

27 Jupiter

City & State

City & State

23 FL

28 FL

Zip

Country

Zip

Country

24 33477

25

29 33477

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONSIGNORE, TERESA L
12674 152ND ST. NORTH
JUPITER FL 33478

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

402 Douglas Drive

83 Jupiter

84 City

FL

FL

85 Zip Code

33458

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME BRODERICK, LISA A
STREET ADDRESS 2203 CAPTAIN'S WAY
CITY-ST-ZIP JUPITER FL 33477

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lisa A. Broderick, CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/95

(407) 575-1041

Date

Telephone