## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	JAL REPORT 1998	7.7	Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
	MENT # <b>V29731</b>	(9)					
DIRECT	CONTACT, INC.				 	INA BINDI NIBIL BIDJA BINI	<b>81811 81811 1881</b>
Principal Plac	e of Business	Mailing Address					
941 LAKESHORE DR POLK CITY FL 33868 US		P. O. BOX 1078 POLK CITY FL 33868 US					
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 04/06/1992		
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number		Applied For
21	<del></del>	26			59-3119813		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>75</b> Additional e Required
City & Stat	9	City & State			6. Election Campaign Financing		00 May Be
23					Trust Fund Contribution	☐ Add	led to Fees
24 24	<b>─</b> '		Count	ry	This corporation owes or has purple of the Personal Property Tax due June		r Intangible
	g. Name and Address of Current		7		10. Name and Address of New Re	· · · · · · · · · · · · · · · · · · ·	1,110
DIG	IANGI, CHARLES J. JR		8	1 Name			
941 LAKESHORE DR. POLK CITY FL 33868			8	2 Street Addi	ress (P.O. Box Number is Not Accepta	ble)	
			8:	3			
			L				
			8	4 City		FL  85   Z	Zip Code
SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation familiar with and accept the obligation of registered agent.				poration submits this statement for the plants board of directors. I hereby acce	purpose of changing the appointment	g its registered as registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PTD PIONE CHARLES IN TO	DEFERE	1.1 TITLE			Chan	ge Addition
NAME STREET ADDRESS	DIGANGI, CHARLES J. JR 941 LAKESHORE DR.		1.2 NAME	1 ADDRESS			
CITY-ST-ZIP	POŁK CITY FL		1.3 STREE 1.4 CITY-				
TITLE	VSD	DELETE	2.1 TITLE	<u> </u>		Chang	ge Addition
NAME	DIGANGI, SHARON D.		2.2 NAME				
STREET ADDRESS	941 LAKESHORE DR.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP TITLE	POLK CITY FL	DELETE	2.4 CITY	- \$1 - ZIP	· · · · · · · · · · · · · · · · · · ·	Chan	an Addition
NAME		L_ Ditt it	3 1 TITLE 3 2 NAME			[_] Chang	ge Addition
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELET€	4.1 TITLE			Chang	ge Addition
NAME			4. 2 NAME				
STREET ADDRESS   CITY-ST-ZIP				T ADDRESS			
TITLE		DELFTE	4.4 CITY - 5.1 TITLE	51-ZIP		Chang	ge Addition
NAME			5.2 NAME		•		,
STREET ADDRESS			53 STREE	I ADDRESS			
CITY-ST-ZIP		The second	5.4 CITY-	SI-7IP			
TITLE		☐ DELETE	6.1 TITLE			Chang	ge Addition
NAME Street address			6.2 NAME	I ADDDCCC			
OHILLI ADDINGS			0.5 SIMEE	I ADDRESS			

14. Thereby 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 trusted 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 own attachment with a address.

**FILED** 

Apr 21 1998 8:00am