

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

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816073 (1)
 1. Corporation Name
MERCHANDISING & MANUFACTURING ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7130 LAKE WORTH ROAD #101 P.O. BOX 6404 LAKE WORTH FL 33467 US		Mailing Address 7130 LAKE WORTH ROAD #101 P.O. BOX 6404 LAKE WORTH FL 33467 US		3. Date Incorporated or Qualified 03/20/1962	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 23-1324864	Applied For Not Applicable		
Suite, Apt. #, etc. 22 6528 Hypoluxo Rd	Suite, Apt. #, etc. 27 P.O. Box 540204	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
City & State 23 Lake Worth, FL	City & State 28 Lake Worth, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
Zip 24 33467	Country 25 US	29 33467	30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TURNER, SALLY L 7130 LAKE WORTH RD #101 LAKE WORTH FL 33467				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 6528 Hypoluxo Rd	
83				84 City Same	
				85 Zip Code FL 33467	

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIL, PAMELA M.	12 NAME	
STREET ADDRESS	5407 FEARNLEY ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, SALLY L	22 NAME	
STREET ADDRESS	7130 LAKE WORTH RD #101	23 STREET ADDRESS	6528 Hypoluxo Rd.
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

SIGNATURE: *Sally L Turner* 4/16/98 561-439-6113

CRZE034 (10/97)