

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005211 (7)**

1. Corporation Name

GAZELLE MARKETING INTERNATIONAL INC.



Principal Place of Business

**4949 TAMiami TRAIL
SUITE 204/205
NAPLES FL 33940**

Mailing Address

**4949 TAMiami TRAIL
SUITE 204/205
NAPLES FL 33940**

3. Date Incorporated or Qualified 10/07/1994	3a. Date of Last Report 05/01/1995
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. Subj. Apt. #, etc.

22. City & State

23. Zip

24. Country

26. Subj. Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

~~SHULMAN, ROBERT
643 FIFTH AVE.
UNIT 101
NAPLES FL 33940~~

10. Name and Address of New Registered Agent

81. Name **KAREN L BROTHERS**

82. Street Address (P.O. Box Numbers Not Acceptable)
1331 CHESAPEAKE AVE #2

83. City **NAPLES**

84. State **FL**

85. Zip Code **33962**

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 agent 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]

Date: For general Agent signature required when necessary

1/22/96

12. OFFICERS AND DIRECTORS

1. TITLE	PTD	<input type="checkbox"/> DELETE
2. NAME	FARRELL, ALPHONSUS C	
3. STREET ADDRESS	2 KENLEA CT.	
4. CITY-STATE-ZIP	AURORA, ONTARIO	
5. TITLE	VSD	<input type="checkbox"/> DELETE
6. NAME	CALHOUN, DOUGLAS	
7. STREET ADDRESS	RR 1, SHANTY BAY	
8. CITY-STATE-ZIP	ONTARIO	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-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)(k), 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 checked. I or our attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

January 22/96 (S15) VAS: RDD

CR2E034 (12/95)