

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN - 2 11 31 33

DOCUMENT # **J11667** (9)

1. Corporation Name  
**S & T MARKETING, INC.**

Principal Place of Business Mailing Address  
**10420 NW 49TH PLACE 10420 NW 49TH PLACE**  
**CORAL SPRINGS FL 33076-1734 CORAL SPRINGS FL 33076-1734**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/29/1986** 3a. Date of Last Report **07/06/1994**  
4. FEI Number **59-2670065** 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**  
7. This corporation has liability for interstate tax under § 189 USZ, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 ZIP 25 Country 29 Country 30

9. Name and Address of Current Registered Agent  
**FITZGERALD, TOM**  
**10420 NW 49TH PLACE**  
**CORAL SPRINGS FL 33087**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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) (201) Registered Agent signature required when reinstating (201) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>PD</b> <b>FITZGERALD, TOM</b> <b>10420 NW 49 PLACE</b> <b>CORAL SPRINGS FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>FITZGERALD, SHARON L.</b> <b>10420 NW 49 PLACE</b> <b>CORAL SPRINGS FL</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>PETRALLO, FRANK J.</b> <b>3050 COVE DRIVE</b> <b>FT. LAUDERDALE FL</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>FITZGERALD, KATHLEEN</b> <b>10429 NW 49 PLACE</b> <b>CORAL SPRINGS FL</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>FITZGERALD, MEGEN</b> <b>10420 NW 49 PLACE</b> <b>CORAL SPRINGS FL</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>FITZGERALD, ERIN</b> <b>10420 NW 49 PLACE</b> <b>CORAL SPRINGS FL</b>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 appropriate on an attachment with an address.

SIGNATURE *Thomas E. Fitzgerald* **THOMAS E. FITZGERALD** 5-2695-305-972-5408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)