

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 # **J11667 (9)**

1. Corporation Name
S & T MARKETING, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1986	3a. Date of Last Report 06/02/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-2670085		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FITZGERALD, TOM 10420 NW 49TH PLACE CORAL SPRINGS FL 33067				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 607.06(2) and 607.1506, 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 607.06(5), Florida Statutes.

SIGNATURE: _____ DATE: _____
Name of Registered Agent: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, TOM	1.2 NAME	
STREET ADDRESS	10420 NW 49 PLACE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, SHARON L.	2.2 NAME	
STREET ADDRESS	10420 NW 49 PLACE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRILLO, FRANK J.	3.2 NAME	
STREET ADDRESS	3050 COVE DRIVE	3.3 STREET ADDRESS	10310 SW 51 ST.
CITY-STATE-ZIP	FT. LAUDERDALE FL	3.4 CITY-STATE-ZIP	COOPER CITY, FL 33328
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, KATHLEEN	4.2 NAME	
STREET ADDRESS	10429 NW 49 PLACE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, MEGEN	5.2 NAME	
STREET ADDRESS	10420 NW 49 PLACE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, ERIN	6.2 NAME	
STREET ADDRESS	10420 NW 49 PLACE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	6.4 CITY-STATE-ZIP	

14. I 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 changed, or on an attachment with an address.

SIGNATURE: *Tom Fitzgerald* **TOM FITZGERALD** 1-20-96 945-972-5402
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Print)

CR2E034 (12/95)