


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

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90010 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J47805 ✓
 1. Corporation Name
 MERIDIAN COMMUNICATION MARKETING SERVICE INC.

0810/2 - 90010 - 31

DEPARTMENT OF STATE

Principal Place of Business Mailing Address
 228 RIDGEWOOD ST.
 ALTAMONTE SPRINGS, FL,
 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 112 Raymond Oaks CT,
 Suite, Apt. #, etc.
 22 City & State FL,
 23 ALTAMONTE SPRINGS
 Zip Country
 24 32701 25 USA

2a. Mailing Address
 26 Same
 Suite, Apt. #, etc.
 27 City & State
 28 Same
 Zip Country
 29 30

3. Date Incorporated or Qualified

4. FEI Number 59-2748539 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 ROBERT T. P. Mueller
 Same

10. Name and Address of New Registered Agent
 81 Name JOAN C. Mueller
 82 Street Address (P.O. Box Number is Not Acceptable) Same
 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: Joan C. Mueller (NOTE: Registered Agent signature required when reinstating) DATE: 6-28-99

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT T. P. Mueller	
STREET ADDRESS	228 RIDGEWOOD ST.	
CITY-ST-ZIP	ALTAMONTE Sps, FL, 32701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS B. GRZESZCZAK	
1.3 STREET ADDRESS	112 RAYMOND OAKS CT	
1.4 CITY-ST-ZIP	ALTAMONTE Sps, FL, 32701	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOAN C. Mueller	
2.3 STREET ADDRESS	112 RAYMOND OAK CT,	
2.4 CITY-ST-ZIP	ALTAMONTE Sps, FL, 32701	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, with all other like empowered.

SIGNATURE: Joan C. Mueller Date: 6-28-99 407-339-8607
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)