

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 30 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J84684

1. Corporation Name

INDEPENDENT MERCHANDISING, INC.

(6) GOOD NEWS
WE'RE GROWING!

June 1, 1997 our
new address will be:

Advertising Specialty Kompany
2100 West S.R. 434, Suite C
Longwood, FL 32779

Principal Place of Business

238 N. WESTMONTE DR.
SUITE 280
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

238 N. WES.
SUITE 280
ALTAMONTE S
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/23/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2839712

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CARLIN, PHILIP A
345 E. SR 434
SUITE 101
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name

Bonnie Donihi

82 Street Address (P.O. Box Number is Not Acceptable)

2100 West SR 434 Ste C

83

84 City Longwood

FL

85 Zip Code 32779

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

(NOTE: Registered Agent signature required when reinstating)

6/27/97

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME DONIHI, BONNIE
STREET ADDRESS 724 LAKE AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE SH
NAME DONIHI, BURLESON
STREET ADDRESS 724 LAKE AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
000002233080--7
-07/08/97--01076--013
****165.00 ****165.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

Bonnie Donihi

4/10/97 407-622-9337

CR2E034 (9/96)