

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

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AND  
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**95 APR 27 PM 1:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # L40804 (1)**

1. Corporation Name  
**FINANCIAL MARKETING AND RESOURCES, INC.**

Principal Place of Business  
**4421 N.E. 27TH TERRACE  
LIGHTHOUSE POINT FL 33064**

Mailing Address  
**4421 N.E. 27TH TERRACE  
LIGHTHOUSE POINT FL 33064**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 Sulte, Apt. #, etc.  
22 City & State  
23 Zip Country

2a. Mailing Address  
26 Sulte, Apt. #, etc.  
27 City & State  
28 Zip Country

3. Date Incorporated or Qualified  
**01/02/1990**

3a. Date of Last Report  
**04/28/1994**

4. FEI Number  
**65-0162127**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

6. This corporation has liability for franchise tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HAMMOND, SARAH S.  
4421 N.E. 27TH TERR  
LIGHTHOUSE POINT FL 33064**

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 607.1608, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>HAMMOND, RICHARD N.</b>
STREET ADDRESS	<b>4421 N.E. 27TH TERR</b>
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL</b>
TITLE	<b>DT</b>
NAME	<b>HAMMOND, SARAH S.</b>
STREET ADDRESS	<b>4421 N.E. 27TH TERR</b>
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL</b>
TITLE	<b>DS</b>
NAME	<b>HAMMOND, AMY</b>
STREET ADDRESS	<b>3355 ALBA WAY</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. 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 Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

*3/23/95* (307) 782-2868