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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90288 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000028199

1. Corporation Name
CANTERBURY MARKETING CONSULTANTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4175 EAST BAY DR.
SUITE 248
CLEARWATER FL 33764
US

Mailing Address
4175 EAST BAY DR.
SUITE 248
CLEARWATER FL 33764
US

3. Date Incorporated or Qualified
04/16/1993

4. FEI Number
59-3234713

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

21. 905 E.M.L. KING JR DRIVE

2a. P.O. Box 5689

22. Suite 480

27. Suite, Apt. #, etc.

23. TARPON SPRINGS FL

28. CLEARWATER FL

24. 34689 25. US

29. 33758 30. US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LA BELLE, RICHARD D
3446 LAKE DR
PALM HARBOR FL 34683

81. Name BROWDER, DAVID

82. Street Address (P.O. Box Number is Not Acceptable)
305 S. DUNCAN AVE.

84. City CLEARWATER FL 85. Zip Code 33755

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]

(NOTE: Registered Agent signature required when reinstating) DATE 4/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WILLIES, MARK
STREET ADDRESS 1726 ST. CROIX DR.
CITY-ST-ZIP CLEARWATER FL 34619

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME BECKETT, CLIVE
STREET ADDRESS 1001 PEARCE DR. #201
CITY-ST-ZIP CLEARWATER FL 34624

2.1 TITLE D
2.2 NAME BECKETT, CLIVE
2.3 STREET ADDRESS 1001 PEARCE DR. #201
2.4 CITY-ST-ZIP CLEARWATER FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: [Signature] CLIVE BECKETT April 26 1999 727 515 3606

CR2E034 (1/98)