
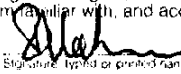
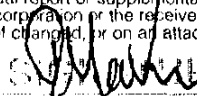


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000044669 (8)					
1. Corporation Name AUTO FOCUS MARKETING, INC.					
Principal Place of Business 1659 WINNER CIRCLE TARPON SPRINGS FL 34689 US			Mailing Address 1659 WINNERS CIRCLE TARPON SPRINGS FL 34689-8016 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 1202 WOODCREST AVE 23 City & State SAFETY HARBOR FL 24 Zip 34695 25 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/21/1993 3a. Date of Last Report 08/20/1996 4. FEI Number 59-3189266 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
8. Name and Address of Current Registered Agent MACKINNON, IAN 1659 WINNERS CIRCLE TARPON SPRINGS FL 34689			10. Name and Address of New Registered Agent 81 Name IAN MACKINNON 82 Street Address (P.O. Box Number is Not Acceptable) 1202 WOODCREST AVE 83 City SAFETY HARBOR 84 State FL 85 Zip Code 34695		
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:  PVST 4/2/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. PVST IAN, MACKINNON 1659 WINNERS CIRCLE TARPON SPRINGS FL 2. DELETE 3. DELETE 4. DELETE 5. DELETE 6. DELETE 7. DELETE 8. DELETE 9. DELETE 10. DELETE 11. DELETE 12. DELETE 13. DELETE 14. DELETE 15. DELETE 16. DELETE 17. DELETE 18. DELETE 19. DELETE 20. DELETE 21. DELETE 22. DELETE 23. DELETE 24. DELETE 25. DELETE 26. DELETE 27. DELETE 28. DELETE 29. DELETE 30. DELETE 31. DELETE 32. DELETE 33. DELETE 34. DELETE 35. DELETE 36. DELETE 37. DELETE 38. DELETE 39. DELETE 40. DELETE 41. DELETE 42. DELETE 43. DELETE 44. DELETE 45. DELETE 46. DELETE 47. DELETE 48. DELETE 49. DELETE 50. DELETE 51. DELETE 52. DELETE 53. DELETE 54. DELETE 55. DELETE 56. DELETE 57. DELETE 58. DELETE 59. DELETE 60. DELETE 61. DELETE 62. DELETE 63. DELETE 64. DELETE 65. DELETE 66. DELETE 67. DELETE 68. DELETE 69. DELETE 70. DELETE 71. DELETE 72. DELETE 73. DELETE 74. DELETE 75. DELETE 76. DELETE 77. DELETE 78. DELETE 79. DELETE 80. DELETE 81. 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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:  4/2/97 813-445 8833 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)