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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088174 (5)

MARKETING WORKS, INC.

FILED Mar 19 1998 8:00am Secretary of State

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|---|---|--|--|---------------------|----------------|----------------------|--|--------------------------|--------------------------|--|--|
| Principal Place of Business Mailing Address | | | | | | | 4 18841684 AIR IBALL BARLL BARLL BERT ARTIT ARTIT ARTIT AR | 181 1818) (BIB) (1911 IX | | | |
| 2805 MAITLAND CENTER PKWY SUITE C MAITLAND FL 32751-7139 US | | | 2805 MAITLAND CENTER PKWY SUITE C MAITLAND FL 32751-7139 US | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | |
| 6. Driegiegi Diagnat Duging | | | | | | | 12/06/1994 | | | | |
| 21 | rincipal Place of Business 2a. Mailing Address 26 | | | | | | 4. FEI Number | | pplied For | | |
| I Sulte Apt. | Sulte, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 59-3320191 | 60.75 | ot Applicable Additional | | |
| 22 | | | | | | | 6. Certificate of Status Desired | | equired | | |
| City & Stat | City & State City & State | | | | | | 6. Election Campaign Financing | \$5.00 | May Be | | |
| 23 | 28 | | | T | | | Trust Fund Contribution | | to Fees | | |
| Zip 24 | | untry | Zip | Country | | | 8. This corporation owes or has paid th | | | | |
| 24 25 29 30 30 9. Name and Address of Current Registered Agent | | | | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | | |
| YA | RMUTH, ROBERT | | | 6 | 1 | Name | | | | | |
| | 05 MAITLAND CEN | | | i i | 2 | Street Address | ss (P.O. Box Number is Not Acceptable) | | | | |
| SU | NTE C | | | | 1 | Street Address | ss (F.O. BOX Number is Not Acceptable) | | | | |
| M/ | NTLAND FL 32751 | ·7139 | | 8 | 3 | • | | <u> </u> | | | |
| | | | | 8 | 4 | City | | - 85 Zip | Code | | |
| dd Disservent | | 207.000 | 07.4600 50.14. 60.11 | | Į | - | | ┡┸╴╵ | | | |
| 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 | -111 | -2 | | | | | 3/10/ | 98 | | | |
| 12. | Signalize, typed or profind i | name of registered agent and title OFFICERS AND DIREC | | t Registered A | peni | l signalure required | when reinstating) Di ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | 2C IN 12 | | |
| TITLE | D | OTTIOE TO THE DITE | DELETE | 1,1 TITLE | | <u></u> | ADDITIONS/CHANGES TO OFFICERS | Change | Addition | | |
| NAME | YARMUTH, RO | | | 1.2 NAM | E | | | | | | |
| AGOS MAITI AND OFNITED DIVARY CHITTE O | | | 1.3 STRE | ET AI | DDRESS | | | | | | |
| CITY-ST-ZIP | MAITLAND FL | 32751-7139 | | 1.4 CITY | - \$ T- | -ZIP | | | | | |
| TITLE | P | | L. DELETE | 2.1 TITLE | | | | Change | Addition | | |
| NAME | YARMUTH, JEF | | TTE A | | 22 NAME | | | | . [| | |
| STREET ADDRESS | MAITLAND FL | D CENTER PKWY SU | IIE C | 2.3 STREET ADDRESS | | | ∮ 40 € 1 | , a | ŀ | | |
| CITY-ST-ZIP TITLE | MANIEMNE FE | | DELETÉ | 2.4 CITY | _ | - ZIP | | Change | Addition | | |
| NAME | | | | 31 TITLE 32 NAMI | | | | ☐ cusula | | | |
| STREET ADDRESS | | | | 33 STRE | | DDAESS | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY | | | | | - | | |
| TITLE | | | DELETE | 4.1 YITLE | | | | Change | Addition | | |
| NAME | | | | 4. 2 NAM | Ę | | | | | | |
| STREET ADDRESS | | | | 4.3 STRE | | | | | | | |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY | | ZIP | · | · · | | | |
| MALIC | | | DELETE | 5.1 TITLE | | | | L_I Change | L. Addition | | |
| NAME STREET ADDRESS | | | | 5.2 NAM | | ppproc | | | | | |
| CITY-ST-ZIP | | | | 5.3 STRE | | | | | | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | | ☐ DELETE | 6.1 TITLE | _ | ₹H. | | ☐ Change | ☐ Addition | | |
| NAME | | | • | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | | 6.3 STRE | ET AC | DORESS | | | | | |
| | | | | 6.4 CITY | | | | | . [| | |
| 14 I hereby c | ertily that the inform | ation europlied with this t | line does not evolity for | | | | otion 110 07/21/i) Elorida Statuton I fuelb | | in famous Alam | | |

Indicated on this annual report or supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or supplemental arrival 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