

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000007720 (2)**

1. Corporation Name
OPM MARKETING, INC.



Principal Place of Business: ~~4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216~~
Mailing Address: **4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified: **01/30/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **59-3293239**
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

2. Principal Place of Business
21. **3335 N. Edgewood Avenue**
22. Suite, Apt. #, etc.
23. City & State: **Jacksonville, FL**
24. Zip: **32254**
25. Country

2a. Mailing Address
26. **3335 N. Edgewood Avenue**
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**ANSBACHER, LEWIS
100 NATIONAL FINANCIAL BLDG.
4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 of corporation and of registered agent, as the case may be. (Print Name of Registered Agent and Date of Appointment)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/V/S/T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTNOY, JERRY	1.2 NAME	
STREET ADDRESS	3335 NORTH EDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32205	1.4 CITY - ST - ZIP	
TITLE	D/P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSINK, RICHARD	2.2 NAME	
STREET ADDRESS	3335 NORTH EDGEWOOD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32205	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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*****200.00**

Handwritten signature: S. J. K.

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 119.07(3)(k), 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, of the receipt of the fee or the fee in power 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 in an attachment to an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Richard Passink**
Date: **2/24/96**
Date Filing: **904-355-7691**

CR2E034 (12/95)