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Mar 07 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 # P96000070992 (8)

1. Corporation Name
SHANNON, ROSENBLOOM MARKETING, INC.



Principal Place of Business Mailing Address
7280 WESTPONTE BLVD. APT. #833 ORLANDO FL 32835
7280 WESTPONTE BLVD. APT. #833 ORLANDO FL 32835

3. Date Incorporated or Qualified 08/23/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3660 MAGUIRE BLVD. Suite, Apt. #, etc. 22 101	26 3660 MAGUIRE BLVD. Suite, Apt. #, etc. 27 101	59-3401160	Not Applicable
23 ORLANDO, FLORIDA City & State	28 ORLANDO, FLORIDA City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 32803-3059 Zip Country	29 32803-3059 Zip Country	30 USA	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
			<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIS, LEON F JR 4171 L. B. MCLEOD ROAD ORLANDO FL 32811-5614	81 Name WILLIS, LEON F. JR 82 Street Address (P.O. Box Number is Not Acceptable) 3660 MAGUIRE BLVD. 83 #101 84 City ORLANDO, FL 85 Zip Code 32803-3059

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBLOOM, BRIAN C	1.2 NAME	
STREET ADDRESS	7280 WESTPONTE BLVD. APT. #833	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, TIMOTHY B	2.2 NAME	
STREET ADDRESS	13421 ARROWWOOD POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, LEON F JR	3.2 NAME	
STREET ADDRESS	8134 OAKLAND PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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: *Leon F. Willis Jr* 2/28/97 407-228-4494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)