

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 06 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000023890 (1)
 1. Corporation Name
COUPON SYSTEMS INCORPORATED



Principal Place of Business: 8717 PEBBLE CREEK LAND SARASOTA FL 34238
 Mailing Address: 8717 PEBBLE CREEK LAND SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4534 FOREST HILLS CIRCLE
 2a. Mailing Address: 4534 FOREST HILLS CIRCLE
 City & State: SARASOTA, FLORIDA
 Zip: 34238 Country: USA

3. Date Incorporated or Qualified: 03/10/1997
 4. FEI Number: 65-0739534
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 BLUM, L A
 8717 PEBBLE CREEK LAND
 SARASOTA FL 34238

10. Name and Address of New Registered Agent
 81 Name: L. ALAN BLUM
 82 Street Address (P.O. Box Number is Not Acceptable): 4534 FOREST HILLS CIRCLE
 84 City: SARASOTA FL 85 Zip Code: 34238

11. Pursuant to the provisions of sections 607.0602 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] DATE: 7/29/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT & TREASURER
1.3 STREET ADDRESS	SUSAN K. BLUM
1.4 CITY-ST-ZIP	4534 FOREST HILLS CIRCLE SARASOTA, FL 34238
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE-PRESIDENT & SECRETARY
2.3 STREET ADDRESS	L ALAN BLUM
2.4 CITY-ST-ZIP	4534 FOREST HILLS CIRCLE SARASOTA, FL 34238
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500002610195
5.3 STREET ADDRESS	-08/07/98--01014--018
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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; that 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 in an attachment with an address.

SIGNATURE: [Signature] DATE: 7/29/98 (94) 966-7777

CR2E034 (5/98)

(2)

Coupon Systems, Inc.
9534 Forest Hills Circle
Sarasota, Florida 34238

July 29, 1998

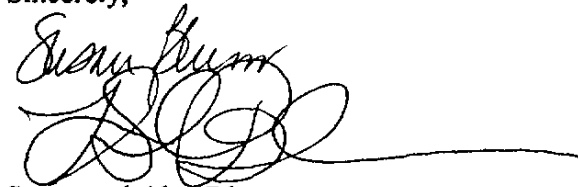
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

This is to explain our problem and request that we do not have to pay the penalty for filing this form. We established this, our first company and our first time in Florida, without an accountant here. We were located at 8717 Pebble Creek Lane, Sarasota, FL for a while but have since moved. We never received a notice from you and when we received this one marked 2nd notice, we took it to the accountant, that we have finally retained, to find out what it was all about only to discover that we needed to file it before and should have received a form prior to this one. At his suggestion, we called your office and were advised to immediately send in the \$150.00 payment with a letter of explanation. We are requesting that you consider our situation and allow us to submit this form with this payment and no additional penalty. If we can answer any questions you may have, please contact us at any time at 941-954-5020.

Thank you very much.

Sincerely,



Susan and Alan Blum
Coupon Systems, Inc.