

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000047348 (2)
 1. Corporation Name
CONSOLIDATED MARKETING GROUP, INC.



Principal Place of Business 9108 U.S. Highway 19 Port Richey, FL 34668	Mailing Address 9108 U.S. Highway Port Richey, FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9108 U.S. Highway 19 Suite, Apt. #, etc.		2a. Mailing Address 26 9108 U. S. Highway 19 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/29/1997	
22 City & State 23 Port Richey, FL		27 City & State 28 Port Richey, FL		4. FEI Number 59-3448930 Applied For Not Applicable	
24 Zip 34668		25 Country Pasco		29 Zip 34668	
30 Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent WIGGINS, ROBERT E 36402 US HWY. 19 N PALM HARBOR FL 34684				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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, MICHAEL A	1.2 NAME	
STREET ADDRESS	10630 CASEY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, RICHARD S	2.2 NAME	
STREET ADDRESS	4862 MILL RUN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	2.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARLING, ROSEMARY E	3.2 NAME	
STREET ADDRESS	12205 LACEY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DAVID W SR.	4.2 NAME	
STREET ADDRESS	8726 MARGOLD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	4.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROTHER, GANELL A	5.2 NAME	
STREET ADDRESS	12123 HOLBROOK DR. #7-6	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	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 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: David W. King Director 4-30-98 (813) 842-1460

CPREC034 (10/97)