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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

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DOCUMENT # S90494 (3)					
MARKE	TING DIRECTORY SERVICE	S, INC.			
Principal Plac	e of Business	Mailing Address			1011 B3011 B1011 B1035 B1C11 1001
1244 ALT. 19 NORTH		6551 RIDGE RD			
TARPON SPRINGS FL 34689		2 PT RICHEY FL 34668		DO NOT WRITE IN TH	IS SPACE
		US		3. Date incorporated or Qualified	
				10/28/1991	
<b>⊢</b> .	Place of Business	26 /2 /4 AUT	19 AlenTH	4. FEI Number 59-3096010	Applied For Not Applicable
Suite, Ap1.	#, etc.	Suite, Apt. #, etc.	7 1 - 1010111	_	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State	airles El	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 TARPIN SPI	Country	Trust Fund Contribution      B. This corporation owes or has paid the	Added to Fees
24	25		30 <b>AND</b>	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent	PINGAILA	10. Name and Address of New Registers	d Agent
ANDRICH, EDWARD E					
4720 WOHFRAM LN 62 Street Ac				Address (P.O. Box Number is Not Acceptable)	
NE	W PT RICHEY FL 34653		83	113 BRACON CI.	· · · · · · · · · · · · · · · · · · ·
$\Lambda$			84 City .		ar Zin Codo
		<b>1</b>	° CIIY	UOSON F	L 85 346 67
11. Pursuant	to the provisions of Sections 107,0502 registered again, or both in the State im familia, with page accept the obliga	and 607.1508, Florida Statutes of Torigo Such change was as	s the above-pamed :	corporation submits this statement for the pulmose	of changing its registered
agent. I a	ım familiai vitli atq apçapt tralibbiga	ions of Rection 607.0505, Flor		poration's board of directors. I hereby accept the a	2106
SIGNATURE	Signature, typic for printed name direpistered agen	t and title if a plicable (NOTE:	Registered Agent signature	NOR: UT  required when reinstating)  OATE	13/98
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	VP ,	DELE <b>TE</b>	1.1 TITLE		Change Addition
NAME	JOHNSON, LOIS		1.2 NAME		
STREET ADDRESS	308 HAMMOCK DRIVE PALM HARBOR FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	P	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	PORSIDENT	Change Addition
NAME	ANDRICH, EDWARD E		2.2 NAME	ANDRICH SOWARD E.	
STREET ADDRESS	4720 WOHFRAM LN		2.3 STREET ADDRESS	13116 BRACON CTI	
CITY-ST-ZIP	NEW PT RICHEY FL		2.4 CITY-ST-ZIP	HUDSUN, FL 34667	
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME	<b>T</b> .	Change Addition
STREET ADDRESS	•		3.3 STREET ADDRESS	To a	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	•	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME			5.1 TITLE 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE !		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	<b>↑</b>		6.2 NAME		
STREET ADDRESS	[ ]	Λ Λ	6.3 STREET ADDRESS		
O(T)( OT 710			C 4 OITY OT 7/D		

14. I hereby certify that the informa indicated on this annual report officer or director of the corpora Block 12 or Block 13 if change

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in