

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000056431 (8) 1. Corporation Name DE'LANCE MARKETING INC.			
Principal Place of Business 1747 INDEPENDENCE BLDG. E #E-8 SARASOTA FL 34234 US		Mailing Address 1747 INDEPENDENCE BLDG. E. #E-8 SARASOTA FL 34234 US	
2. Principal Place of Business 21 1747 Independence Suite, Apt. #, etc. 22 # E-8 City & State 23 Sarasota, Fla Zip 24 34234 Country 25 America		2a. Mailing Address 26 same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent LANCE, DENISE 3903 BAYSIDE DR SUITE 47 BRADENTON FL 34210			
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 instituting change.)			
12. OFFICERS AND DIRECTORS 11 TITLE <input type="checkbox"/> DELETE NAME P LANCE, DENISE M STREET ADDRESS 3903 BAYSIDE DR CITY-ST-ZIP BRADENTON FL 12 TITLE <input type="checkbox"/> DELETE NAME LOU WAIN GEORGE G STREET ADDRESS 600 BAYSIDE DR CITY-ST-ZIP BRADENTON FL <i>no longer V.P.</i> 13 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 14 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 15 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 16 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 15 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 19 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP			
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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Denise M Lance, President 6/1/96 941-359-1445 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (3/96)