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May 09 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 # **P96000028118 (3)**

1. Corporation Name
MEMBER ADVANTAGES, INC.

Principal Place of Business	Mailing Address
2701 W. BUSCH BOULEVARD ~~SUITE 118~~ TAMPA FL 33618	2701 W. BUSCH BOULEVARD ~~SUITE 118~~ TAMPA FL 33618-4531

3. Date Incorporated or Qualified: 04/01/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 SUITE 205
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 SUITE 205
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-3372231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~SOMMONDS~~, JOHN E
2701 W. BUSCH BOULEVARD
SUITE 118
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: SIMMONDS, JOHN E.
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

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: _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEMARE, WILLIAM J		1.2 NAME		
STREET ADDRESS	14702 CLAREDON DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, PAUL R		2.2 NAME		
STREET ADDRESS	10513 86TH AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 32642		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KRANSNICKI, ROBERT F		3.2 NAME	KRASNICKI, ROBERT F.	
STREET ADDRESS	4601 BROWNWOOD CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONDS, JOHN E		4.2 NAME		
STREET ADDRESS	3211 CONCORD WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33624		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, ESTELLE W		5.2 NAME		
STREET ADDRESS	5206 FAIRWAY ONE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33625		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GOODREAU, NELSON A II		6.2 NAME		
STREET ADDRESS	6322 FROST DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #