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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069689 (2)

A/K/A MARKETING, INC. Principal Place of Business Mailing Address 1733 HULETT DRIVE 1733 HULETT DRIVE BRADON FL 33511 BRADON FL 33511 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For P. U. Box 59-3463486 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 thrandon Brandon, Florida Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Country Country 24 3351 29 335DA-3197 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILEY, KATHIE L 1733 HULETT DRIVE Street Address (P.O. Box Number is Not Acceptable) **BRADON FL 33511** 83 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 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 White Provisions of Sections 607.0502 and 607.1508, Florida Statutes. ent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition PITID Channe TITLE 11 TITLE Kathie L. Miley NAME 1.2 NAME 1733 Hulett Drive STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZiP 1.4 CITY-ST-ZIP Brondon, FL 33511 TITLE DELETE 2.1 TITLE Change Addition v|s|d 2.2 NAME Arlene Waldron NAME STREET ADDRESS 23 STREET ADDRESS 1504 Kyle U. 2 4 CITY-ST-ZIP 33594 Valrico, FL CITY-ST-ZIP DECETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TIFLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Addition 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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

4/13/98