

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

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



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

2. Principal Place of Business 21 <b>9108 U.S. Highway 19</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>9108 U. S. Highway 19</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/29/1997</b>	
22 City & State 23 <b>Port Richey, FL</b>		27 City & State 28 <b>Port Richey, FL</b>		4. FEI Number <b>59-3448930</b> Applied For <input type="checkbox"/> Not Applicable	
24 <b>34668</b> Zip Country		29 <b>34668</b> Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 <b>Pasco</b> Zip Country		30 <b>Pasco</b> Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>WIGGINS, ROBERT E 36402 US HWY. 19 N PALM HARBOR FL 34684</b>				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	

10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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 \_\_\_\_\_  
 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, MICHAEL A</b>	1.2 NAME	
STREET ADDRESS	<b>10630 CASEY DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, RICHARD S</b>	2.2 NAME	
STREET ADDRESS	<b>4862 MILL RUN DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DSV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARLING, ROSEMARY E</b>	3.2 NAME	
STREET ADDRESS	<b>12205 LACEY DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, DAVID W SR.</b>	4.2 NAME	
STREET ADDRESS	<b>8726 MARGOLD DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DVT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STROTHER, GANELL A</b>	5.2 NAME	
STREET ADDRESS	<b>12123 HOLBROOK DR. #7-6</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL 34667</b>	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)