

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **315412** (7)
1. Corporation Name
MANUFACTURERS MARKETING REPRESENTATIVES, INC



Principal Place of Business 118 43RD AVENUE SW VERO BEACH FL 32900 US	Mailing Address 118 43RD AVENUE SW VERO BEACH FL 32968-2382 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1967	3a. Date of Last Report 06/18/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1162562		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ESSEX, LEON 118 43RD AVENUE SW VERO BEACH FL 32968		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSEX, M. LEON	1.2 NAME	
STREET ADDRESS	118 43RD AVENUE SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSEX, LEON E	2.2 NAME	ESSEX, LEON E
STREET ADDRESS	948 BURRISDRIDGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	2.4 CITY-ST-ZIP	111 REFLECTIONS BLVD
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	AUBURDALE FL 33823
NAME	ESSEX, GEORGE S	3.2 NAME	
STREET ADDRESS	118 43RD AVENUE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSEX, GLORIA A	4.2 NAME	
STREET ADDRESS	118 43RD AVENUE SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSEX, KIMBERLY	5.2 NAME	ESSEX KIMBERLY
STREET ADDRESS	948 BURRISDRIDGE DRIVE	5.3 STREET ADDRESS	111 REFLECTIONS BLVD
CITY-ST-ZIP	LAKELAND FL 33809	5.4 CITY-ST-ZIP	LAKELAND FL 33823
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 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: **ESSEX, LEON** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-563-0608

0111364

CR2E034 (9/96)