

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 11 1998 8:00am**  
**Secretary of State**

**DOCUMENT # 579066 (2)**  
1. Corporation Name  
**GSP MARKETING TECHNOLOGIES, INC.**



Principal Place of Business: **4520 W. OHIO AVE. TAMPA FL 33614 US**  
Mailing Address: **4520 W. OHIO AVE. TAMPA FL 33614 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2a. Mailing Address:  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified: **07/13/1978**  
4. FEI Number: **59-1834766** Apply 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 owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No  
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent  
**NEUHOFF, PAUL F. 4520 W. OHIO AVE. TAMPA FL 33614**  
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 607.0507 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 agree to the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: **CTD**  DELETE  
NAME: **NEUHOFF, PAUL F.**  
STREET ADDRESS: **4520 W. OHIO AVE.**  
CITY-STATE-ZIP: **TAMPA FL**  
TITLE: **S**  DELETE  
NAME: **NEUHOFF, PAUL F.**  
STREET ADDRESS: **4520 W. OHIO AVE.**  
CITY-STATE-ZIP: **TAMPA FL**  
TITLE: **P**  DELETE  
NAME: **JUDY, STEPHEN O**  
STREET ADDRESS: **4520 W. OHIO AVE.**  
CITY-STATE-ZIP: **TAMPA FL**  
TITLE: **V**  DELETE  
NAME: **NEUHOFF, GEOFFREY**  
STREET ADDRESS: **5420 W. OHIO AVE.**  
CITY-STATE-ZIP: **TAMPA FL**  
TITLE: **V**  DELETE  
NAME: **NEUHOFF, MATTHEW J**  
STREET ADDRESS: **4520 W. OHIO AVE.**  
CITY-STATE-ZIP: **TAMPA FL**  
TITLE: **V**  DELETE  
NAME: **CRATER, LUCILLE R**  
STREET ADDRESS: **4520 W. OHIO AVE**  
CITY-STATE-ZIP: **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered agent hereby empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 12 or 13 of this report or supplemental report with a valid address.

SIGNATURE: *Stephen O. Judy* 10/19/98 0218751147  
President

CR2E034 (10/97)