			ETED BLAV 4	IC 622		10				
PROFIT CORPORATION ANNUAL REPORT 1996		FTER MAY 1 IS \$225.UU FLORIDA DEPARTMENT OF STATE Sandra B Mortnam Secretary of State DIVISION OF CORPORATIONS								
DOCUMENT # 587954 (9)										
1. Corporation N AMERICA		CE MARKETING	G CORPORATION							
Principal Place of Business 601 BAYSHORE BLVD. STE 900 PO BOX 556 TAMPA FL 33601			Mailing Address 601 BAYSHORE BLVD. STE 900 PO BOX 556 TAMPA FL 33601			3. Date incorporated or Qual		ate of Last Re		
							09/28/1978 4. FEI Number		05/01/1995	
2. Principal Place of Business			2a. Mailing Address 26			59-1868232		N	ot Applicable	
Suite, Apt. #, etc.			Strite, Apt. #, etc.			5. Certificate of Status Desire	ed 📂		Additional equired	
City & State			City & State			Election Campaign Finance Trust Fund Contribution	L	Added	May Be to Fees	
Zip Country			Zφ	Zip Country			This corporation has liabiling Florida Statutes	ity for intangible Yes No	e tax under s	199.032,
24	o Name and A	ddress of Current	29 Registered Agent	30			10. Name and Address of I	vew Register	ed Agent	
THOMAS,					Name Street Address (P.O. Box Number is Not Acceptable;					
SUITE 4100 TAMPA FL 33602					83 84	City	FL 85 Zip Code			
			and 607,1508, Florida St a. Such change was auth in 607,0505, Florida Stat		ove-r corp	iamed corpo oration's boo	oration submits this statement for ard of directors. I hereby accept the	the purpose of te appointmen	t as registered	agent Lanı
SIGNATURE _	Signature typed or profe	g name of registered agent a	ते ११ मा अक्रिकेट के			d segment on respon	ADDITIONS/CHANGES T	DAT		RS IN 12
12.	P	OFFICERS AND	DIRECTORS DELETE	13	T'TLE	T	ADDITIONS CHANGES	<u>O OTTIOLITO</u>	Change	Add tion
TITLE NAME		'HOMAS, RICK (GUY)			1.2 NAME					
STREET ADDRESS	601 BAYSHORE BLVD #900			13	1.3 STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL	PA FL DELETE			1 4 CITY - S1 - ZIP 2 1 TITLE				Change	Addition
TITLE	S Moore, Ro	N	[] been		2 2 NAME					
NAME STREET ADDRESS		EDY BV., 4100		23	STREE	I ADDRESS				
CITY - ST - ZIP	TAMPA FL		ED Dor SEE			S1 - 7/P			Change	Addition
TUTLE			☐ DELETE		TITLE NAME				,	_
NAME						EL ADDRESS				
STREET ADDRESS CITY-ST-ZIP						ST-ZIP			Chance	Addition
TITLE			☐ DELETE		1 TIFLE	ł			☐ Change	☐ Modition
NAME					NAME	ľ				
STREET ADDRESS	1			4.3	STREE	T AODRESS				

STREET ADDRESS 6.4 CHY-ST-ZIP In g is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further at or supplying that annual report is true and accurate and that my signature shall have the same logal effect as if made under or the restorer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name to the restorer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name to the first or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name CITY-ST-ZIP 14. I do hereby certify that the information supplied with it certify that the information indicated on this anadal report, that I am an officer or director of the corporation appears in Block 12 or Block 13 if changed, p

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 City - ST - ZIP

5 1 TITLE

5.2 NAME

6 THILE

62 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

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TITLE

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2. 21

23 24

MINED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DEL ETE

Saytime Phone #

Change

Change Addition

☐ Addition