

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

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May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 696650 (1)
1. Corporation Name
MARKETING & MANAGEMENT CORPORATION OF AMERICA

Principal Place of Business
736 6TH STREET WEST
TIERRA VERDE FL 33715

Mailing Address
736 6TH STREET WEST
TIERRA VERDE FL 33715-1809



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1981		3a. Date of Last Report 03/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2112118		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired 3 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		26, 25	
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		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, BILLIE P			1.2 NAME			
STREET ADDRESS	736 6TH STREET WEST			1.3 STREET ADDRESS			
CITY - ST - ZIP	TIERRA VERDE FL			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRVIN, GARY			2.2 NAME			
STREET ADDRESS	2510 N.W. 2ND CREEK ROAD			2.3 STREET ADDRESS			
CITY - ST - ZIP	SMITHVILLE MO			2.4 CITY - ST - ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, CORLOS F			3.2 NAME			
STREET ADDRESS	736 6TH STREET WEST			3.3 STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG, FL 00000			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHOMKO, RONALD P.			4.2 NAME			
STREET ADDRESS	2508 SOUTH COUNTY ROAD; #15			4.3 STREET ADDRESS			
CITY - ST - ZIP	BRYTHOUD CO			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, MICHAEL, J			5.2 NAME			
STREET ADDRESS	24 ARROWHEAD RD			5.3 STREET ADDRESS			
CITY - ST - ZIP	LITCHFIELD IL			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 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: CARLOS F. Baker 4-30-97 (813) 866-8363
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)