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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

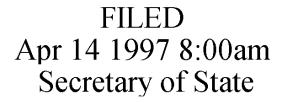
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F21565

(9)

AWARENESS MARKETING CORPORATION





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3. Date incorporated or Qualified 300/CP31 98 30		
2. Mailing Address 2. Mailing Address 3. FEI Number		
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City & Status City &	Not Applicable	
Section Sect	5 Additional Required	
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9. Name and Address of Current Registered Agent ALLEN, JANICE B 9202 BEAUCIER CIR. W. JACKSONVILLE FL 32257 11. Pressure to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent lamb familiar with and accept the obligations of Section 607 0507, Findida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent lamb familiar with and accept the obligations of Section 607 0507, Findida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent agent lamb familiar with an adacept the obligations of Section 607 0507, Findida Statutes, the above-named corporation submits this statement for the purpose of changing of the purpose of the pur	rs 199 032,	
ALLEN, JANICE B 9202 BEAUCLER CIR. W. JACKSONVILLE FL 32257 83 84		
ALLEN, JANKE B 922 Street Address (P.O. Box Number is Not Acceptable) 11. Present to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent arm familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICER'S AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER'S AND DIRECTORS 14. DP ALLEN, JANKE B 15. LITTLE 15. LITTLE 15. LAMBE 15. SHELL ADJESS 16. ST. /P. 16. JACKSONVILLE FL 16. DP ALLEN, JANKE B 16. ST. /P. 16. DP ALLEN, JANKE B 17. ST. /P. 18. JACKSONVILLE FL 18. DELETE 18. DELETE 19. DELETE 19. DELETE 19. DELETE 29. STREET ADJRESS 10. ST. /P. 10. DELETE 11. TITLE 10. Chang ALLEN, D. M. 22. MAME 32. NAME 32. NAME 32. NAME 33. SIRRET ADJRESS 44. City 52. STREET ADJRESS 44. City 52. STREET ADJRESS 67. ST. /P. 19. DELETE 19.		
JACKSONVILLE FL 32257 B3		
B3 B4 City		
11. Pursished to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATUR: DP ALLEN, JANICE B SIGNATUR: SIGNATUR: DP ALLEN, JANICE B SIGNATUR: SIGNATUR: SIGNATUR: DP ALLEN, JANICE B SIGNATUR: SIGNATUR: SIGNATUR: DP ALLEN, JANICE B SIGNATUR: SIGNATUR: DP ALLEN, JANICE B SIGNATUR: SIGNATUR: DP ALLEN, JANICE B SIGNATUR: DV ALLEN, D. M. SIGNATUR: DV ALLEN, D. M. SIGNATUR: SIGNATUR: DRIETE SITURE ALTINE ACKSONVILLE FL DELETE SITURE ACKSONVILLE FL DELETE SITURE ACKSONVILLE FL DELETE SITURE ACTIVEST-ZP DELETE SITURE ACTIVEST-ZP DELETE SITURE ACTIVEST-ZP DELETE SITURE S		
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12. OFFICERS AND DIRECTORS THE ALLEN, JANICE B SHIFL ADDRESS SHIFL ADDRESS SHIFL ADDRESS SHIFL ADDRESS SHIFL ADDRESS SHIFL ADDRESS COLY, ST. ZP JACKSONVILLE FL DV DELETE DELETE JOELETE JO	as registered	
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64 City St. 7: 64 City St. 7: 14. Log by rethy certify that the information sympled with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 3 further certify the		

Training does not train 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or of an attachment with an address.

SIGNATURE