


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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra Worthington Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F21565 (9) 1. Corporation Name AWARENESS MARKETING CORPORATION					
Principal Place of Business 9202 BEAUCLERC CIRCLE W. P.O. BOX 24636 JACKSONVILLE FL 32257			Mailing Address 9202 BEAUCLERC CIRCLE W. P.O. BOX 24636 JACKSONVILLE FL 32257		
2. Principal Place of Business 21 3500 Hwy 19-A Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 1288 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/02/1981	
22 City & State 23 Mount Dora, FL		27 City & State 28 Mount Dora, FL		4. FEI Number 59-2074158	
24 32757		29 32756		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 LAKE		30 LAKE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Name and Address of Current Registered Agent ALLEN, JANICE B 9202 BEAUCLERC CIR. W. JACKSONVILLE FL 32257				10. Name and Address of New Registered Agent 81 Name ALLEN, D. MASON 82 Street Address (P.O. Box Number is Not Acceptable) 1380 LAKE SHORE DR. 83 84 City MOUNT DORA FL 85 Zip Code 32757	
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 607.1505, Florida Statutes. SIGNATURE D. MASON ALLEN <i>[Signature]</i> 4/16/98 Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP NAME ALLEN, JANICE B STREET ADDRESS 9202 BEAUCLERC CIR W. CITY-ST-ZIP JACKSONVILLE FL			1.1 TITLE DV 1.2 NAME ALLEN, JANICE B. 1.3 STREET ADDRESS 1380 LAKE SHORE DR. 1.4 CITY-ST-ZIP MOUNT DORA, FL 32757		
TITLE DV NAME ALLEN, D. M. STREET ADDRESS 9202 BEAUCLERC CIR W. CITY-ST-ZIP JACKSONVILLE FL			2.1 TITLE DP 2.2 NAME ALLEN, D. MASON 2.3 STREET ADDRESS 1380 LAKE SHORE DR. 2.4 CITY-ST-ZIP MOUNT DORA, FL 32757		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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 *[Signature]* D. MASON ALLEN 4/16/98 352-383-2502

CR2E034 (10/97)