

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F28980** (3)

1. Corporation Name  
**R/EMARKETING CONSULTANTS, INC.**



Principal Place of Business <b>701 W FLETCHER, SUITE D TAMPA FL 33612</b>	Mailing Address <b>701 W FLETCHER, SUITE D TAMPA FL 33612-3430</b>
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3. Date Incorporated or Qualified <b>03/27/1981</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>203 North Marion St.</b> 23 City & State 24 Zip <b>33602</b> 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>203 North Marion St.</b> 28 City & State 29 Zip <b>33602</b> 30 Country	4. FEI Number <b>59-2084277</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**OXTAL, RONALD A  
701 W. FLETCHER AVENUE  
SUITE D  
TAMPA FL 33612**

10. Name and Address of New Registered Agent

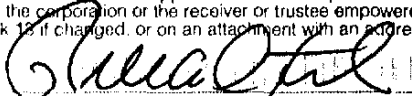
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>203 North Marion Street</b>	83	84 City	85 Zip Code <b>FL 33602</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLIS, RODERICK J P.</b>	1.2 NAME	
STREET ADDRESS	<b>701 W. FLETCHER AVE., #D</b>	1.3 STREET ADDRESS	<b>203 North Marion Street</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33602</b>
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OXTAL, RONALD A.</b>	2.2 NAME	
STREET ADDRESS	<b>701 W. FLETCHER AVE., #D</b>	2.3 STREET ADDRESS	<b>203 North Marion Street</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>Tampa, FL 33602</b>
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDRY, HAYNES T.</b>	3.2 NAME	
STREET ADDRESS	<b>701 W. FLETCHER AVE #D</b>	3.3 STREET ADDRESS	<b>203 North Marion Street</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>Tampa, FL 33602</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **RONALD A. OXTAL** (813) 209-9616  
April 17, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: mo Phone #

CR2E034 (9/96)