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

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(3)

**FILED** Apr 14 1998 8:00am Secretary of State

	RKETING CONSULTANTS,	` '						
Principal Place of Business Mailing Address						i sanithe itte fran entil felte ante dibtt &	ENTER BENEFIT MINITE MAN	I) BISIF (\$#)
203 NORTH MARION ST TAMPA FL 33612 US 203 NORTH MARION ST TAMPA FL 33612 US US						DO NOT WRITE IN TH	IS SPACE	
US		05				3. Date Incorporated or Qualified		
						03/27/1981		1
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number	IA	pplied For
21		26				59-2084277	<del>}</del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the	current year In	tangible
24	25		30			Personal Property Tax due June 30.	Yes [	□No
	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	ed Agent	
ox	TAL, RONALD A			B1	Name			
203 NORTH MARION STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	<del></del>	
SUITE D								
	MPA FL 33602			83				
				84	City		85 Zip	Code
					Oity	F		0000
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblim	02 and 607,1508, Florida Statute le of Florida, Such change was a gations of Soction 607,0505, Flo	s, the aluthorize	bove- d by t	named corp the corporati	oration submits this statement for the purposion's board of directors. I hereby accept the s	e of changing i appointment as	ts registered registered
SIGNATURE	,	<b>3</b>						ļ
SIGNATION.	Signature, typed or printed name of registered a	gent and little if applicable (NOTE	Registere	d Agent	signature require	ed when reinstating) DATI		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	0.0		1,1 Tt	1,1 TITLE			L Change	Addition
NAME	GILLIS, RODERICK J P.		1.2 NAME					;
STREET ADDRESS	203 NORTH MARION STREE	ET .	1.3 STREET AD		DDRESS			li li
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		ZIP			
TITLE				2.1 TITLE			Change	Addition !
NAME	OXTAL,RONALD A.		2.2 NAME					1
STREET ADDRESS	203 NORTH MARION STREE	2.3 \$		2.3 STREET ADDRESS				· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	TAMPA FL			2. 4 CITY - ST - ZIP				
TITLE	EVP DELETE		3.1 TI	3.1 TITLE			☐ Change	Addition
NAME	HENDRY, HAYNES T.			3.2 NAME				
STREET ADDRESS	203 NORTH MARION STREET		3.3 ST	3.3 STREET ADDRESS				l
CITY-ST-ZIP	TAMPA FL		3.4. C	ITY-\$1	- ZIP			
TITLE		DELETE	4,1 (	TLE	1		☐ Change	Addition
NAME			4. 2 N	AME				-
STREET ADDRESS			4.3 \$1	REET A	DDRESS			
CITY-ST-ZIP			4.4 CI	4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			·	☐ Change	☐ Addition
NAME			5.2 N	AME				
STREET ADDRESS			53 ST	REET A	DORESS			1
CITY-S1-ZIP			5.4 C	TY- \$T	ZIP			
TITLE			6.1 TI	6.1 TITLE			Change	Addition
NAME			6.2 N/	AME				ļ
STREET ADDRESS			6.3 ST	REET A	DORESS			ĺ
CITY-ST-2IP				TY-ST-				1
	certify that the information supplied	with this hing does not qualify fo				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 air 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.

Roderick IP Fillia.