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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # FS1461 4
1. Corporation Name
R. S. MARKETING, INC.
P.O. Box 261556
Tampa, FL 33685

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10-23-1981		Feb 1996	
22		27		4. FEI Number		Applied For	
23		28		59-2132057		Not Applicable	
24		29		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing		5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under s. 199.032		Florida Statutes	
27		32		Yes		No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH R.E. PO BOX 261556 TAMPA, FL 33685		81 Name R.E. SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 7520 DOLONITA CT. 83 84 City TAMPA FL 85 Zip Code 33615	

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE R.E. Smith President DATE 3-29-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME R.E. SMITH 2. STREET ADDRESS PO BOX 261556-7520 DOLONITA CT. 3. CITY-STATE-ZIP TAMPA, FL 33685-33615		1.1 TITLE PRESIDENT 1.2 STREET ADDRESS 7520 DOLONITA CT. 1.3 CITY-STATE-ZIP TAMPA, FL 33615	
2. NAME JENNIFER RAY 3. STREET ADDRESS PO BOX 261556-7520 DOLONITA CT. 4. CITY-STATE-ZIP TAMPA, FL 33685-33615		2.1 TITLE D 2.2 STREET ADDRESS 7520 DOLONITA CT. 2.3 CITY-STATE-ZIP TAMPA, FL 33615	
3. NAME SHARON KRESS 4. STREET ADDRESS 7520 DOLONITA CT. 5. CITY-STATE-ZIP TAMPA, FL 33615		3.1 TITLE D 3.2 NAME SHARON KRESS 3.3 STREET ADDRESS 7520 DOLONITA CT. 3.4 CITY-STATE-ZIP TAMPA, FL 33615	
4. NAME 5. STREET ADDRESS 6. CITY-STATE-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
5. NAME 6. STREET ADDRESS 7. CITY-STATE-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: R.E. Smith - President DATE: 3-29-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
813 889-8307

CR2E034 (9/96)