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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F60517

(2)

FILED Jan 23 1997 8:00am Secretary of State



MASTER	MARKETING	GROUP,	INC.

Principe-Place of Business - Mailing Address						AND NAME OF BEEN		(1 4)		
P O BOX 1086 FERNANDINA BCH FL 32034		P O BOX 1086 FERNANDINA BCH FL 32034-3063								
					3. Date Incorporated or Qualified 12/21/1981	1981 06/28/1996				
2. Principal F	ace of Business	2a. Mailing Address				4. FEI Number 59-2150271			plied For t Applicable	
Suite, Apr	#. etc	Sule, Apt. #, etc.				Certificate of Status Desired		\$8.75 A	Additional	
City & State City & State						Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
23 70	Country	28]	Co.	ıntry		8. This corporation has liability for in	yangible ta	x under s.		
24	[25]	29	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
DIO!	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Heg	listered Ag	ent		
	(, Howard G. North Bay Street			B2	Street Addre	ss (P.O. Box Number is Not Acceptable	e)			
	TIS FL 32034			83		33 (T.O. DOX Number 13 Not Adapted				
				84	City			85 Zip (Code	
	and the second seco			· '	1 '		FLi			
11. Pursuant office or ragent is a	to the provisions of Scotions 607.05 egisteract agent, or both, in the Stati in fair, har with, and accept the obig	02 and 607, 1508, Florida Statut e of Florida. Such change was a pations of, Section 607,0505, Fa	es, the a authorize orida Stat	bove d by tutes	e-named corpo the corporations. 3.	oration submits this statement for the pon's board of directors. I hereby accep	urpose or cr t the appoir	nanging it ntment as	s registered registered	
SIGNATURE	Signature dyneric reproduct more of regions (FS)	ger i at ele Tappi a vi (NOI	f Başidere	d Age	ont signature require	d when recustating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
41214	PST HOWARD C	L_J DELETE	1,1](L	Change	Addition	
NAME STREET ADDRESS	DICK, HOWARD G 1640 SOUTH 8TH STREET		1,2 N		ADDRESS					
City - St - ZIP	FERNANDINA BCH, FL 00000	i	- 1		ST-ZIP					
THILE		DOTETE	2 1 TI		.,			Change	Addition	
NAME	·		22 N	AME	}				i	
SPREE ADDRESS	İ		23 S	TREET	ADDRESS	Sar				
CHY St-7°					ST - 7IP			Change	Addition	
TETUE		DELETE	3170 32N				L	_ Change	L Addition	
NAME Street adoress			- 1		ADDRESS					
CHY-51-2#		•	- 1		ST - ZIP					
701.6		DELETE	4.1 1		01 2"			Change	Addition	
NAME			4.21	IAME					ļ	
STHEFT ALLIBESS			43S	1 HE F 1	ADORESS					
C(EY+S) 7(P)			4 4 C	(TY-5	S1 - ZIP					
TITLE		LI DELETE	5.1 7			•	L	Change	Addition	
NAM:			5.2 N							
STREET ADDRESS					ADDRESS				Į	
CHY+S1+74°		DELETE	5.4 C		51-2IP		r	Change	Addition	
NAMi		LLD WATER	6.2 N				-		A	
	· ·									

14. I do hereby certify that the information's upplied 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 othere or direction 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ACTORESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

16/47 404-261-9121

001900