

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT • CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F93000000306 (1)**

1. Corporation Name
RON'S T.V. INFOMERCIAL SHOPS, INC.



Principal Place of Business 817 N.W. 1ST ST FT LAUDERDALE FL 33311 US	Mailing Address 1876 S CONGRESS AVE BOX #15 PALM SPRINGS FL 33461-2142 US
---	---

3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 07/01/1996
4. FEI Number 65-0347775	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6822-22ND AVE. NO	2a. Mailing Address 26
Suite, Apt. #, etc. 22 #116	Suite, Apt. #, etc. 27
City & State 23 ST. PETERSBURG, FL	City & State 28
Zip 24 33710	Country 25 US
29	30

9. Name and Address of Current Registered Agent

SCHREIBER, JOHN
817 N.W. 1ST ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name **DON W ROWAN**

82 Street Address (P.O. Box Number is Not Acceptable)
6822-22ND AVE NO #116

83

84 City **ST. PETERSBURG, FL** 85 Zip Code **33710**

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 *Don W Rowan* **Don W Rowan, Pres.** 1/16/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PS	<input checked="" type="checkbox"/> DELETE
NAME SCHREIBER, JOHN	
STREET ADDRESS 817 N.W. 1ST ST	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE VPT	<input checked="" type="checkbox"/> DELETE
NAME ROWAN, DONALD	
STREET ADDRESS 6803 STONES THROW CIRCLE N.	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ROWAN, DON W	
1.3 STREET ADDRESS 6822-22ND AVE NO. #116	
1.4 CITY-ST-ZIP ST PETERSBURG, FL 33710	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Don W Rowan* **Don W Rowan, Pres.** 1/16/97 (813) 384-4675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)