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FILED

Feb 21 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 # F96000000128 (6)

1. Corporation Name

VIRTUAL MARKETING INTERNATIONAL, INC.

Principal Place of Business

C/O ROBERT J. TURLEY  
5155 MINNIS RD  
SPRINGFIELD TN 37172

Mailing Address

C/O ROBERT J. TURLEY  
5155 MINNIS RD  
SPRINGFIELD TN 37172-6748



3. Date Incorporated or Qualified

01/08/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 221 DEER HAVEN DR

2a. Mailing Address

26 16614 WILLOW GLEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PONTE VEDRA, FL

City & State

28 ODESSA, FL

Zip

24 32082

Country

25 ST. JOHNS

Zip

29 33556

Country

30 HILLSBOROUGH

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LEMASTERS, D. LARRY  
100 CARRIAGE LAMP WAY  
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name

(ADDRESS CHANGE)

82 Street Address (P.O. Box Number is Not Acceptable)

221 DEER HAVEN DR

83

84 City

PONTE VEDRA

FL

85 Zip Code

32082

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

Signature type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DCPS	LEMASTERS, D. LARRY	100 CARRIAGE LAMP WAY	PONTE VEDRA FL 32082	<input type="checkbox"/>
DCVT	TURLEY, ROBERT J	5155 MINNIS RD	SPRINGFIELD TN 37172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		221 DEER HAVEN DR	PONTE VEDRA, FL 32082	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		16614 WILLOW GLEN DR	ODESSA, FL 33556	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Robert J. Turley ROBERT J. TURLEY S/T 2/18/97 (813) 926-2202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)