

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F96000005976 (3)**

1. Corporation Name
MED ONE MARKETING, INC.



Principal Place of Business 6995 UNION PARK CENTER, STE #180 MIDVALE UT 84047	Mailing Address 6995 UNION PARK CENTER, STE #180 MIDVALE UT 84047
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/15/1996	
4. FEI Number 87-0502004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6965 Union Park Center Ste 400 Suite, Apt. #, etc.	27 6965 Union Park Center Suite, Apt. #, etc.
22 Suite 400 City & State	27 Suite 400 City & State
23 Midvale UT Zip Country	28 Midvale UT Zip Country
24 84047 25 USA	29 84047 30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstalling)		DATE _____	
12. OFFICERS AND DIRECTORS					
TITLE	PCD	<input type="checkbox"/> DELETE			
NAME	STEVENS, LARRY R				
STREET ADDRESS	6995 UNION PARK CENTER, STE #180				
CITY-ST-ZIP	MIDVALE UT				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	JOHNSON JR, JOHN W				
STREET ADDRESS	6995 UNION PARK CENTER, STE #180				
CITY-ST-ZIP	MIDVALE UT				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	ALLEN, BRENT H				
STREET ADDRESS	6995 UNION PARK CENTER, STE #180				
CITY-ST-ZIP	MIDVALE UT				
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS	6965 Union Park Center Ste 400				
1.4 CITY-ST-ZIP					
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS	6965 Union Park Center Ste 400				
2.4 CITY-ST-ZIP					
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS	6965 Union Park Center Ste 400				
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 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:  REGISTERED AGENT

SEP 30 1998

CR2E034 (5/98)