

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

FILED

**May 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002443 (6)
1. Corporation Name
NATIONAL AFFILIATED MARKETING COMPANY, INC.



Principal Place of Business PO BOX 12190 ALEXANDRIA LA 71315	Mailing Address PO BOX 12190 ALEXANDRIA LA 71315
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 72-0975100	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		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 type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SMITH, KENNETH L 258 SOLANA ROAD PONTE VEDRA BEACH FL 32082				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	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 _____ (NO. 11 Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, EDWARD A		1.2 NAME	T Brent Chapel	
STREET ADDRESS	7228 ENGLAND DRIVE, #24		1.3 STREET ADDRESS	7212 Old Stage Rd	
CITY-ST-ZIP	ALEXANDRIA LA 71303		1.4 CITY-ST-ZIP	North Bethesda MD 20852	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, JERRY		2.2 NAME	Benjamin P Wall	
STREET ADDRESS	7228 ENGLAND DRIVE, #24		2.3 STREET ADDRESS	7228 England Drive #24	
CITY-ST-ZIP	ALEXANDRIA LA 71303		2.4 CITY-ST-ZIP	Alexandria LA 71303	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHELETTE, SHARON G		3.2 NAME	Jayne Davis Chapel	
STREET ADDRESS	7228 ENGLAND DRIVE, #24		3.3 STREET ADDRESS	7212 Old Stage Rd	
CITY-ST-ZIP	ALEXANDRIA LA 71303		3.4 CITY-ST-ZIP	North Bethesda MD 20852	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESCANT, MARY K		4.2 NAME		
STREET ADDRESS	7228 ENGLAND DRIVE, #24		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA LA 71303		4.4 CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTSHALL, IRA		5.2 NAME		
STREET ADDRESS	7228 ENGLAND DRIVE, #24		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA LA 71303		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOXBERGER, JOHN		6.2 NAME		
STREET ADDRESS	7228 ENGLAND DRIVE, #24		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA LA 71303		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 _____ DATE **4-27-98 318-473-4355**

CR2E034 (10/97)