

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

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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90038 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G09323

1. Corporation Name
FIRST MARKET INTERNATIONAL, INC.



Principal Place of Business ONE PURLIEU PLACE 210 WINTER PARK FL 32792 US	Mailing Address ONE PURLIEU PLACE 210 WINTER PARK FL 32792 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country 25	29 Zip Country 30

3. Date Incorporated or Qualified 11/23/1982	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2243198	
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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ROSSELLO, THOMAS JR.
ONE PURLIEU PL BLDG ~~210~~
SUITE 210
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name Rossello, Thomas Jr.	
82 Street Address (P.O. Box Number is Not Acceptable) ONE PURLIEU PLACE	
83 Suite Suite 210	
84 City WINTER PARK	85 Zip Code FL 32792

11. Pursuant to the provisions of Sections 607.0592 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 607.0595, Florida Statutes.

SIGNATURE: *[Signature]* **President** DATE: **3/22/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CSD	<input type="checkbox"/> DELETE
NAME	REGAN, ROBERT F.	
STREET ADDRESS	ONE PURLIEU PL BLDG, SUITE 210	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PM	<input type="checkbox"/> DELETE
NAME	ROSSELLO, THOMAS JR.	
STREET ADDRESS	ONE PURLIEU PL, SUITE 210	
CITY-ST-ZIP	WINTER PARK FL 32792	
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	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REGAN, ROBERT F.	
1.3 STREET ADDRESS	ONE PURLIEU PLACE, STE 210	
1.4 CITY-ST-ZIP	WINTER PARK FL 32792	
2.1 TITLE	PSM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rossello, Thomas Jr.	
2.3 STREET ADDRESS	ONE PURLIEU PLACE, Suite 210	
2.4 CITY-ST-ZIP	WINTER PARK FL 32792	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rossello, Deborah L.	
3.3 STREET ADDRESS	ONE PURLIEU PLACE, STE 210	
3.4 CITY-ST-ZIP	WINTER PARK FL 32792	
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, with all other like empowered.

SIGNATURE: *[Signature]* **President** DATE: **3/22/99** DAYTIME PHONE #: **407.657.6547**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)