

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G79149 (2)

1. Corporation Name

MARKETING CONCEPTS UNLIMITED, INC.



Principal Place of Business

Mailing Address

801 SANLANDO RD. ALTAMONTE SPGS., FL  
PO BOX 915229  
LONGWOOD FL 32779

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PO BOX 915229  
LONGWOOD FL 32779

3. Date Incorporated or Qualified

01/17/1984

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 264 SPRINGSIDE RD.

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

City & State

27

City & State

23

LONGWOOD, FL

28

City & State

24

Zip

Country

29

Zip

Country

25

32779

Country

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUE, GARY A.  
264 SPRINGSIDE DR  
LONGWOOD FL 32779

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

Signature, typed or printed name of registered agent and title if applicable

(If filer, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RUE, GARY A.  
STREET ADDRESS 264 SPRINGSIDE DR  
CITY-ST-ZIP LONGWOOD FL

TITLE SD  
NAME RUE, MARY E.  
STREET ADDRESS 264 SPRINGSIDE DR  
CITY-ST-ZIP LONGWOOD FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

2086 CRANBERRY ISLES WAY  
APOPKA, FL 32712

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARY E. RUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-96

407-774-7779

CR2E034 (3/96)