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Apr 30 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 # G79149 (2)

1. Corporation Name
MARKETING CONCEPTS UNLIMITED, INC.

Principal Place of Business

Mailing Address

264 SPRINGSIDE ROAD
LONGWOOD FL 32779
US

801 SANLANDO RD. ALTAMONTE SPOS., FL
PO BOX 915220
LONGWOOD FL 32791-5220



3. Date Incorporated or Qualified

01/17/1984

3a. Date of Last Report

07/24/1996

4. FEI Number

59-2372533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 900 Fox Valley Dr

Suite, Apt. #, etc.

22 110A

City & State

23 LONGWOOD, FL

Zip

24 32779

Country

25 USA

2a. Mailing Address

26 P.O. Box 915220

Suite, Apt. #, etc.

27

City & State

28 LONGWOOD, FL

Zip

29 32791

Country

30 USA

9. Name and Address of Current Registered Agent

RUE, GARY A.
264 SPRINGSIDE DR
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

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

83 555 WERIVA COVE RD.

84 City

LONGWOOD

FL

85 Zip Code

32779

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE SD
NAME RUE, MARY E.
STREET ADDRESS 2088 CRANBERRY ISLES WAY
CITY-ST-ZIP APOPKA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 555 WERIVA COVE RD.
1.4 CITY-ST-ZIP LONGWOOD, FL 32779

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ZIP: 32712

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

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:

MARY E. RUE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97
Date

407-774-7779
Daytime Phone #

0061086

CR2E034 (9/96)