

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H45391 (0)**
1. Corporation Name
BANCBOSTON MARKETING GROUP, INC.



Principal Place of Business Mailing Address
7301 BAYMEADOWS WAY JACKSONVILLE FL 32256

3. Date Incorporated or Qualified **03/04/1985** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-2516679** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**FISH, THOMAS H
7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256**

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 _____ Signature type for person who is registered agent or director of the corporation. Registered Agent signature reports to Department of State.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PICKETT, JOE K.	
STREET ADDRESS	7301 BAYMEADOWS WAY	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FISH, THOMAS H.	
STREET ADDRESS	7301 BAYMEADOWS WAY	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	FRANCIS, BETTY L	
STREET ADDRESS	7301 BAYMEADOWS WAY	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HARDEN, J E	
STREET ADDRESS	7301 BAYMEADOWS WAY	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VERDERANE, BARBARA L	
STREET ADDRESS	73001 BAYMEADOWS WAY	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas H. Fish* Thomas H. Fish 2/28/96 (904) 281-3297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)