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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H58637** **(0)**

1. Corporation Name

PACE MARKETING, INC.

Principal Place of Business:

~~3021 SE ASTER LANE~~
~~711~~
~~STUART FL 34994~~
~~US~~

Mailing Address:

P. O. BOX 2039
STUART FL 34995
US

2. Principal Place of Business

21 13320 SOUTHRIDGE IND. DR.
Suite, Apt. #, etc.
22
City & State
23 TAVARES, FL
Zip
24 32778
Country
25 US

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 05/24/1985

3a. Date of Last Report: 04/27/1995

4. FEI Number: 59-2538976 [ ] 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

9. Name and Address of Current Registered Agent

AMMONS, LISA
2165 SE WAYNE ROAD
STUART FL 34994

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, typed or printed name of registered agent and title if applicable. (NOTE: Signature MUST be a signature in accordance with Section 607.0505) DATE

12. OFFICERS AND DIRECTORS

TITLE: CEOP
NAME: PACE, BOND K
STREET ADDRESS: 3021 S E ASTER LANE 711
CITY-ST-ZIP: STUART FL
[ ] DELETE

TITLE: VP
NAME: PACE-NAPIER, BETTY J
STREET ADDRESS: 3021 S E ASTER LANE 711
CITY-ST-ZIP: STUART FL
[✓] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
[ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
[ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
[ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[✓] Change [ ] Addition

1.1 TITLE: SAME
1.2 NAME: SAME
1.3 STREET ADDRESS: 156 SW VOLTAIR TERRACE
1.4 CITY-ST-ZIP: PORT ST. LUCIE, FL. 34984

[ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP

[ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP

[ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP

[ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP

[ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 Date

407-871-9682 Daytime Phone #

CR2E034 (12/95)