

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # H79097 (2)**

1. Corporation Name

**FLORIDA MARKETING SOURCE, INC.**



Principal Place of Business: **C/O GIBBONS, TUCKER, MILLER, WHATLEY  
101 E. KENNEDY BLVD., SUITE 1000  
TAMPA FL 33601-1363**

Mailing Address: **C/O GIBBONS, TUCKER, MILLER, WHATLEY  
101 E. KENNEDY BLVD., SUITE 1000  
TAMPA FL 33601-1363**

3. Date Incorporated or Qualified <b>10/01/1985</b>	3a. Date of Last Report <b>02/28/1995</b>
4. FET Number <b>59-2620240</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**GIBBONS, TUCKER, MILLER, WHATLEY & STEIN  
101 E. KENNEDY BLVD.  
SUITE 1000  
TAMPA FL 33601-1363**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS** **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.1 TITLE: <b>DPS</b>	<input type="checkbox"/> DELETE	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: <b>PEREZ, GINES</b>		13.2 NAME:	
12.3 STREET ADDRESS: <b>10747 DRUMMOND ROAD</b>		13.3 STREET ADDRESS:	
12.4 CITY-ST-ZIP: <b>TAMPA FL</b>		13.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE: <b>T</b>	<input type="checkbox"/> DELETE	13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: <b>PEREZ, GINES</b>		13.6 NAME:	
12.7 STREET ADDRESS: <b>10747 DRUMMOND ROAD</b>		13.7 STREET ADDRESS:	
12.8 CITY-ST-ZIP: <b>TAMPA FL</b>		13.8 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 TITLE: <b>DVP</b>	<input type="checkbox"/> DELETE	13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: <b>STAFFORD, WILLIAM T.</b>		13.10 NAME:	
12.11 STREET ADDRESS: <b>7940 WEST DRIVE #15</b>		13.11 STREET ADDRESS:	
12.12 CITY-ST-ZIP: <b>NORTH BAY VILLAGE FL</b>		13.12 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 TITLE: <b>ASS</b>	<input type="checkbox"/> DELETE	13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME: <b>STAFFORD, WILLIAM T.</b>		13.14 NAME:	
12.15 STREET ADDRESS: <b>7940 WEST DRIVE #15</b>		13.15 STREET ADDRESS:	
12.16 CITY-ST-ZIP: <b>NORTH BAY VILLAGE FL</b>		13.16 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 TITLE:	<input type="checkbox"/> DELETE	13.17 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME:		13.18 NAME:	
12.19 STREET ADDRESS:		13.19 STREET ADDRESS:	
12.20 CITY-ST-ZIP:		13.20 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 TITLE:	<input type="checkbox"/> DELETE	13.21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME:		13.22 NAME:	
12.23 STREET ADDRESS:		13.23 STREET ADDRESS:	
12.24 CITY-ST-ZIP:		13.24 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*\*225.00 \*\*\*\*225.00

*mr*  
*5-15-96*

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-3-96*

*818871 3805*

CR2E034 (12/95)