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PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H92098 (3)BANK MARKETING, INC. Principal Place of Business Mailing Address 224 DATURA STREET. #1214 1280 N CONGRESS AVE WEST PALM BEACH FL 33401 **STE 106** DO NOT WRITE IN THIS SPACE W PALM BEACH FL 33409 3. Date Incorporated or Qualified 12/26/1985 2a. Mailing Address 26 1 2 50 W 2. Principal Place of Business 4. FEI Number Applied For 59-2757328 CONARESS 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 00 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing WPB Trust Fund Contribution Added to Fees ZiD Country 8. This corporation owes or has paid the current year Intangible 3409 115 Yes Personal Property Tax due June 30. 24 25 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'CONNELL, J.F. 224 DATURA ST., #1214 82 Street Address (P.O. Box Number is Not Acceptable) WEST PLAM BEACH FL 33401 83 64 City Zip Code 11. Pursuant to the provisions of Sce office or registered agent, or page agent. I am familiar with, applicato is 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the subjections of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.111111 O'CONNELL, J.F. 1.2 NAME NAME 197 WINTER ST STREET ADDRESS 1.3 STREET ADDRESS FRAMINGHAM MA CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 THLE OCONELL, MARIE O NAME 2.2 NAME 197 WINTER ST STREET ADDRESS 2.3 STREET ADDRESS FRAMINGHAM MA CHTY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 101 6 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 C(1) Y - S1 - ZIP TITé F DELETE 617006 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CHTY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 suppliemental annual report for suppliemental annual report 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 trusted empowered the empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

, lalav

FILED

Jan 20 1998 8:00am