FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H98120** **(9)**

1. Corporate Name

S L MARKETING, INC.

Principal Place of Business

% SUZANNE LISS
178 SEASHORE DR.
JUPITER FL 33477

Mailing Address

% SUZANNE LISS
178 SEASHORE DR.
JUPITER FL 33477

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **02/06/1986**

3a. Date of Last Report: **07/18/1995**

4. FEI Number: **59-2724127** [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

STEDMAN-FLEURY CPA
3931 RCA BLVD. STE #3101
PALM BCH GARDENS FL 33410

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 Section 607.0505 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. The street address of the registered office and the name of the registered agent are identical to the corporation's business or principal place of business.

SIGNATURE:

12. OFFICERS AND DIRECTORS

P
LISS, SUSAN
178 SEASHORE DR.
JUPITER FL

[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report, that should have been made with the Department of State in Section 119.07(5)(e), Florida Statutes. I further certify that the information contained herein and in any supplement thereto 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 of this report or is attached to and made a part hereof.

SIGNATURE: Suzanne Liss 1/19/96 407-697-5160

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)