

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 # J05650 (3)

1. Corporation Name
CMB MARKETING CONSULTANTS, INC.



Principal Place of Business
1137 U S HWY 96 SOUTH
SUITE C
LAKELAND FL 33801
US

Mailing Address
1137 US HIGHWAY 96 SOUTH
SUITE C
LAKELAND FL 33801
US

3. Date Incorporated or Qualified 03/24/1986
3a. Date of Last Report 03/14/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2663433	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

CAMERON, HAROLD
1217 TIMBERIDGE LOOP S
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	515 NANSEMOND AVE	1.2 NAME	
STREET ADDRESS	LAKELAND FL	1.3 STREET ADDRESS	
CITY - ST - ZIP	VD	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	TOMPKINS, PAUL B.	2.2 NAME	
STREET ADDRESS	112 ELVIRA	2.3 STREET ADDRESS	
CITY - ST - ZIP	GEORGETOWN FL	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HANCOCK, V.A.	3.2 NAME	
STREET ADDRESS	3908 SABAL PALM COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	VAVRA, BARBARA	4.2 NAME	
STREET ADDRESS	1515 LESLIE DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PALMER, RICHARD J	5.2 NAME	
STREET ADDRESS	1207 HAMMOCK SHADE DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	CHIOZZA, FRANK E	6.2 NAME	
STREET ADDRESS	4615 APPLE RIDGE LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	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: *Barbara E. Vavra* BARBARA E VAVRA 570 1-25-96 941-612-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)