

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J47761 (8)**

1. Corporation Name  
**MARKET INFORMATION SPECIALISTS, INC.**



Principal Place of Business <b>429 WOOD ROSE LANE                  ALTAMONTE SPRINGS FL 32714                  US</b>	Mailing Address <b>429 WOOD ROSE LANE                  ALTAMONTE SPRINGS FL 32714                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2674 Barbados Dr</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2674 Barbados Dr</b> Suite, Apt. #, etc.
22 City & State 23 <b>Winter Park FL</b>	27 City & State 28 <b>Winter Park FL</b>
24 <b>32792</b> 25 <b>US</b>	29 <b>32792</b> 30 <b>US</b>

3. Date Incorporated or Qualified <b>12/17/1986</b>	
4. FEI Number <b>59-2742582</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FRY, BETTY E                  429 WOOD ROSE LANE                  ALTAMONTE SPRINGS FL 32714</b>	10. Name and Address of New Registered Agent 81 Name <b>Betty E Fry Thomas</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2674 Barbados Dr.</b> 83 84 City <b>Winter Park FL</b> 85 Zip Code <b>32792</b>
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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 *Betty E Fry Thomas* DATE **4-6-98**

Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, BETTY E FRY</b>	
STREET ADDRESS	<b>429 WOOD ROSE LANE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>FRY, MARJORIE N</b>	
STREET ADDRESS	<b>3155 GREENWOOD ST.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>2674 Barbados Dr.</b>		
1.4 CITY-ST-ZIP	<b>Winter Park, FL 32792</b>		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<b>3154 Greenwood St.</b>		
2.4 CITY-ST-ZIP	<b>Winter Park, FL 32792</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 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 *Betty E Fry Thomas (B E F T)* DATE **4/6/98**

CR2E034 (10/97)