

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **J57925** (6)

1. Corporation Name  
**J & R MARKETING, INC.**

95 JAN 13 AM 10:24

Principal Place of Business      Mailing Address  
**3401 HENDERSON BLVD.  
STE A  
TAMPA FL 33609  
US**      **3401 HENDERSON BLVD.  
STE A  
TAMPA FL 33609  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/19/1987**      **02/07/1994**

4. FEI Number      Applied For  
**59-2773845**      Not Applicable

5. Certificate of Status Desired       **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26  
Suite, Apt. #, etc      Suite, Apt. #, etc

22      27  
City & State      City & State

23      28  
Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**BUONO, RANDAL  
4015 BARCELONA STREET  
TAMPA FL 33629**

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 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: \_\_\_\_\_ (Print Name)

12. OFFICERS AND DIRECTORS

|                |                              |
|----------------|------------------------------|
| TITLE          | <b>P</b>                     |
| NAME           | <b>BUONO, RANDAL</b>         |
| STREET ADDRESS | <b>4015 BARCELONA STREET</b> |
| CITY ST ZIP    | <b>TAMPA FL</b>              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY ST ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY ST ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY ST ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY ST ZIP    |                              |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY ST ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY ST ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY ST ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY ST ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY ST ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY ST ZIP    |   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption added in Section 199.02(6)(b), Florida Statutes. I further certify that the information included 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 to such effect, that I am an officer or director of the corporation or the successor or transferee empowered to make the report as required by Chapter 407, Florida Statutes, and that my name appears in Block 9 of this filing changed, or corrected, in accordance with an addendum.

SIGNATURE: *Randal Buono*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1-9-95