FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:02

DOCUMENT # **J83876** **(9)**

1. Corporation Name
FLORIDA MARKETING INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
100 EAST GRANADA BLVD 477 S NOVA RD ORMOND BEACH FL 32176 US	100 EAST GRANADA BLVD 477 S NOVA RD ORMOND BEACH FL 32176 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1987
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business (21): 100 East Granada Blvd.
2a. Mailing Address (26): 100 East Granada Blvd.

4. FEI Number: 59-2846422 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

City & State (23): Ormond Beach FL
City & State (28): Ormond Beach FL

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

Zip (24): 32176 Country (25):
Zip (29): 32176 Country (30):

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

9. Name and Address of Current Registered Agent

SMITH, RANDALL D.
100 EAST GRANADA BLVD
ORMOND BEACH FL 32176

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: [signature] DATE
Signature(s) of person(s) authorized to sign for registered agent and/or officer if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, RANDALL D.	12 NAME	
STREET ADDRESS	25 CHOCTAW TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CROOKSTON, CLAIR D.	22 NAME	
STREET ADDRESS	406 BLACK OAK LANE	23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	LALOG JR, JOSE O	32 NAME	
STREET ADDRESS	90 BRONSON LN	33 STREET ADDRESS	
CITY ST ZIP	PALM COAST FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	KIEL, KEITH D.	42 NAME	
STREET ADDRESS	351 SCOTT DRIVE	43 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	SALIBA, BONNIE	52 NAME	
STREET ADDRESS	3360 OCEANSHORE BLVD / STE 106A	53 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: [signature] 3/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Daytime Phone #