

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 # J83876 (9)

1. Corporation Name

FLORIDA MARKETING INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

100 EAST GRANADA BLVD
ORMOND BEACH FL 32176
US

100 EAST GRANADA BLVD
ORMOND BEACH FL 32176
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
07/15/1987

3a. Date of Last Report
04/10/1995

4. FEI Number
59-2846422

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 ☐ Yes ☐ No

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 of Principal Officer, Change Agent, or Registered Agent

(If Not Registered Agent Signature, Signatures of Existing

DATE

4/18/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SMITH, RANDALL D.	
STREET ADDRESS	25 CHOCTAW TRAIL	
CITY-STATE-ZIP	ORMOND BEACH FL	
TITLE	VD	☐ DELETE
NAME	CROOKSTON, CLAIR D.	
STREET ADDRESS	406 BLACK OAK LANE	
CITY-STATE-ZIP	ORMOND BEACH FL	
TITLE	T	☐ DELETE
NAME	LALOG JR, JOSE O	
STREET ADDRESS	90 BRONSON LN	
CITY-STATE-ZIP	PALM COAST FL	
TITLE	SD	☐ DELETE
NAME	KIEL, KEITH D.	
STREET ADDRESS	351 SCOTT DRIVE	
CITY-STATE-ZIP	ORMOND BEACH	
TITLE	V	☐ DELETE
NAME	SALIBA, BONNIE	
STREET ADDRESS	3360 OCEANSHORE BLVD / STE 106A	
CITY-STATE-ZIP	ORMOND BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	922 ST. JAMES LANE
1.4 CITY-STATE-ZIP	ST. GEORGE, UT 84770
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	1038 RIVERSIDE DR.
5.4 CITY-STATE-ZIP	HOLLY HILL FL 32117
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	BRUCE J. COUCH
6.3 STREET ADDRESS	4070 N. CHINOOK
6.4 CITY-STATE-ZIP	ORMOND BEACH FL 32174

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 (904) 677 1918

CR2E034 (12/95)