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FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

100 EAST GRANADA BLVD  
ORMOND BEACH FL 32176  
US

Mailing Address

100 EAST GRANADA BLVD  
ORMOND BEACH FL 32176-6630  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
07/15/1987

3a. Date of Last Report  
04/24/1996

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

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: typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, RANDALL D.  
STREET ADDRESS 922 ST JAMES LANE  
CITY-ST-ZIP ST GEORGE UT ☐ DELETE

TITLE VD  
NAME CROOKSTON, CLAIR D.  
STREET ADDRESS 408 BLACK OAK LANE  
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

TITLE T  
NAME LALOG JR, JOSE O  
STREET ADDRESS 90 BRONSON LN  
CITY-ST-ZIP PALM COAST FL ☐ DELETE

TITLE SD  
NAME KIEL, KEITH D.  
STREET ADDRESS 351 SCOTT DRIVE  
CITY-ST-ZIP ORMOND BEACH ☐ DELETE

TITLE V  
NAME SALIBA, BONNIE  
STREET ADDRESS 1038 RIVERSIDE DR  
CITY-ST-ZIP HOLLY HILL FL ☐ DELETE

TITLE V  
NAME BRUCE J COUCH  
STREET ADDRESS 4070 N CHINOOK  
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: Bonnie Saliba 4/10/97 904-677-1918

CR2E034 (9/96)