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

PROFIT CORPORATION ANNUAL REPORT

ORMOND BEACH FL

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 **DOCUMENT #** (9) FLORIDA MARKETING INTERNATIONAL, INC. Principal Place of Business Mailing Address 100 EAST GRANADA BLVD 100 EAST GRANADA BLVD ORMOND BEACH FL 32178 ORMOND BEACH FL 32176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1987 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2846422 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent SMITH, RANDALL D. Name 100 EAST GRANADA BLVD Street Address (P.O. Box Number is Not Acceptable) **ORMOND BEACH FL 32176** 83 84 Zip Code City 85 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 title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ DELETE Change TITLE 1.1 TITLE SMITH, RANDALL D. NAME 1.2 NAME 922 ST JAMES LANE STREET ADDRESS 1.3 STREET ADDRESS ST GEORGE UT CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE CROOKSTON, CLAIR D. NAME 2.2 NAME 406 BLACK OAK LANE STREET ADDRESS 2.3 STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LALOG JR. JOSE O NAME 3.2 NAME 90 BRONSON LN STREET ADDRESS 3.3 STREET ADDRESS PALM COAST FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME KIEL, KEITH D. 4 2 NAME 351 SCOTT DRIVE STREET ADDRESS 4.3 STREET ADDRESS ORMOND BEACH CITY ST-7IP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE SALIBA, BONNIE 5.2 NAME 1038 RIVERSIDE DR STREET ADDRESS 5.3 STREET ADDRESS HOLLY HILL FL City - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE **BRUCE J COUCH** NAME 6.2 NAME 4070 N CHINOOK STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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 testanged, or on an attachment with an across.

SIGNATURE:

SIGNATURE:

SIGNATURE:

CR2E034 (10/97)

**FILED** 

May 06 1998 8:00am

Secretary of State