

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90028 046 ***158.75

DOCUMENT # J83876

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1987

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 owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, RANDALL D.	
STREET ADDRESS	4493 S ATLANTIC AVENUE	
CITY-STATE-ZIP	PONCE INLET FL 32127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROOKSTON, CLAIR D.	
STREET ADDRESS	406 BLACK OAK LANE	
CITY-STATE-ZIP	ORMOND BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LALOG JR, JOSE O	
STREET ADDRESS	90 BRONSON LN	
CITY-STATE-ZIP	PALM COAST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KIEL, KEITH D.	
STREET ADDRESS	351 SCOTT DRIVE	
CITY-STATE-ZIP	ORMOND BEACH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SALIBA, BONNIE	
STREET ADDRESS	1038 RIVERSIDE DR	
CITY-STATE-ZIP	HOLLY HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH D. KIEL

SECRETARY

Date

Daytime Phone

4/22/99 (904) 6771918

EXT-413

CR2E034 (11/98)