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

**FILED** May 12 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # K56703 H.O.T. MARKETING INTERNATIONAL, INC. Principal Place of Business Marling Address 7111 GRAND NATIONAL DRIVE 7111 GRAND NATIONAL DRIVE ORLANDO FL 32819-8383 ORLANDO FL 32819 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1989 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0108524 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Feo Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zio 8. This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes Dolo 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GENOVES, GERARD 7670 BALMY COURT Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 84 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE Stgnature, typed or printed name of registered agont and title if applicable 12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Addition TITLE 1.17008 GENOVES, GERARD NAME 1.2 NAME **7670 BALMY COURT** STREET ADDRESS 1.3 \$7REET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY- ST-ZIP DELETE Change Addition 2.1 TITLE TITLE **GENOVES, NINA** NAME 2.2 NAME 7870 BALMY CT. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 2. 4 CITY-51-7IP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE PLAVNICK, PATRICIA NAME 3.2 NAME 7662 BALMY CT. STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CiTY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition PLAVINICK, ROBERT 4.2 NAME 7662 BALMY CT. STREET ADDRESS 4.3 \$TREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 OITY - ST- 2IP DELETE Change Addition

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 offect as if made under eath; 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.

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CRY-ST-ZIP

SIGNATURE: 4

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP 4.3

407-352-5585