

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L00775** (1)
1. Corporation Name:
EVERGREEN SALES & MARKETING SERVICES, INC.

Principal Place of Business 1449 S. NOVA RD. DAYTONA BCH FL 32114-5838 US	Mailing Address 1449 S. NOVA RD. DAYTONA BCH FL 32114-5838 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1989		3a. Date of Last Report 08/15/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2963966		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

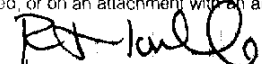
9. Name and Address of Current Registered Agent MCGUIRE, ROBERT T 258 LAKE BREEZE CIRCLE LAKE MARY FL 32771 6893 Hidden Glade Place Sanford, FL 32771				10. Name and Address of New Registered Agent			
81. Name				85. Zip Code			
82. Street Address (P.O. Box Number is Not Acceptable)							
83. City							

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P / CEO	<input type="checkbox"/> DELETE		1.1 TITLE	P / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGUIRE, ROBERT T			1.2 NAME	McGuire, Robert T.		
STREET ADDRESS	258 LAKE BREEZE CIRCLE			1.3 STREET ADDRESS	6893 Hidden Glade Place		
CITY - ST - ZIP	LAKE MARY FL 32476			1.4 CITY - ST - ZIP	Sanford, FL 32771		
TITLE	VP / COO / ST	<input type="checkbox"/> DELETE		2.1 TITLE	VP / COO / ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORELLO, ROBERT J			2.2 NAME	Lorello, Robert J		
STREET ADDRESS	141-A GOLDEN EYE DRIVE			2.3 STREET ADDRESS	141-A Golden Eye Drive		
CITY - ST - ZIP	DAYTONA BEACH FL 32119			2.4 CITY - ST - ZIP	Daytona Beach, FL 32119		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REID, SCOTT			3.2 NAME			
STREET ADDRESS	10 HIGHWOOD RIDGE TRAIL			3.3 STREET ADDRESS			
CITY - ST - ZIP	ORMOND BEACH FL 32174			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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:  4/4/97 (904) 258-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)