FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # L30882

(9)

LANDGRAF MARKETING SERVICES INC.

	Mailing Address	
Principal Place of Business	Maining Motificas	
109 12TH AVE. WINDERMERE FL 34786	109 12TH AVE. WINDERMERE FL 34786	

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rincipal Place of	f Business	Mairing Address						
109 12TH AVE.		109 12TH AVE. WINDERMERE FL 3470	3 6					
MINDENMENE	12 07/00				Date Incorporated or Qualified 11/16/1989	3a. Date o	20/1995	
		2a. Mailing Address			4. FEI Number		Ap	plied For
Principal Plac		26 228 WAG	INLIA SI	•	59-2976053		No	t Applicable
23 P	MMGNOLIA ST. etc.	Suite, Apt. #, etc.	<u> </u>	1	5. Certificate of Status Desired		\$8.75 A	
City & State		City & State 28 WINDER W	ent K		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	to Fees
WINDER ZIP	RMERE FL Country	29 34786	Country 30 ORMA	m.E		Mo No		99.032,
3478	9. Name and Address of Curre	ent Registered Agent	100, 014,77		10. Name and Address of New F	legistered A	gent	
	9. Name and Address of Curre	The state of the s	81	Name				
109 12 A	AF, JOHN P IVE MERE FL 34786	•	82 83	Street Addr	ess (P.O. Box Number is Not Acceptate	xle)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City		FL		Code
				(i i	ration submits this statement for the pured of directors. I hereby accept the app			4786
IGNATURE _	Signature: typed or printed name of registered ag OFFICERS A	AND DIRECTORS	NOTE: Registered Agent	signature require	ad whigh reinstating! ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOF Change	RS IN 12
TLF	PCEO	☐ DELETE	1. 1 TITLE			<i>P</i>	4	
AME	LANDGRAF, JOHN P.		1.2 NAME		and the Company of the Company	r		
REFT ADDRESS	109 12TH AVE		13 STREFT	ADDRESS 2	28 MAGNOLIA 67 SINDERMERE FL	2074	<u>'</u>	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes 1 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 certify 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 changed, or on an attachment with an address.

SIGNATURE:

JOHN P. LAND GRAFT 1/30/96 407-876-5457