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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 05 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L46820

(1)

FINANCIAL SERVICES MARKETING DISTRIBUTORS, INC.

1 110 410		to biotilibo totio, int	<b>.</b>				
Principal Place of Business		Mailing Address					
SEO RÁLROAD AVE WINTER PARK FL \$2789 US		950 RAILROAD AV WINTER PARK FL 3278 US	WINTER PARK FL 32789-2444				
		-			3. Date Incorporated or Qualified 02/01/1990	3a. Date of Last R 05/01/1996	eport
2. Principal P	lace of Business	26. Mailing Address	26. Mailing Address		4. FEI Number		oplied For
21		26			59-2992688		ot Applicable
Suite, Apl. #, etc.		Suite, Apt. #, etc.	r-1		5. Certificate of Status Desired Security Securi		
City & State		City & State	<b>├</b> ─1		6. Election Campaign Financing	\$5.00	May Be
23)		28			Trust Fund Contribution	Added	
Zip 24	Country	Zip	Gountry 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes X No		
24]	25 29 29 9. Name and Address of Current Registered Agen				10. Name and Address of New Registered Agent		
804	IOFIELD, JOHN, K		,81	Name			
	RAILROAD AVE		82	Street Addr	ress (P.O. Box Number is Not Acceptab	Jo)	
WINTER PARK FL 32789			02	L Street Addi	ress (F.O. Box Normber is Not Acceptat	107	
			83				
			84	City		FL 85 Zip (	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the of Signature, typed or praired name of registerer	oligations of, Section 607.0505,	Florida Statute	S.	oration submits this statement for the p lion's board of directors. I hereby accep		registered
12.		AND DIRECTORS	13.	en signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition
NAME	SCHOFIELD, JOHN K.		1.2 NAME			_	
STREET ADDRESS	950 RAILROAD AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		1.4 City -	ST-ZIP			
TITLE	<u> </u>		2.1 NTLE	1		Change	Addilion
NAME .	HILL, PEGGY J.		2 ? NAME				
STREET ADDRESS	950 RAILROAD AVE		23 STREET ADDRESS				
CITY-ST-ZIP TITLE	WINTER PARK FL	DELETE	2. 4 City-ST-ZiP 3.1 Title			Change	Addition
NAME			3.2 NAME			C Change	L' Voguiou
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. CiTY-	ş			
TITLE	DELETE		4.1 Tille	LE Change		☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 \$TREE	T ADDRESS			
CITY-ST-ZIP			44 City-	S1-7IP			
TITLE	☐ DELETE		5.1 TITLE	1	L_J Change L		] Addition
NAME			. 5.2 NAME				
STREET ADDRESS				I ADORESS			
CITY-ST-ZIP TITLE	DELETE.		5.4 CITY - 6.1 TITLE	SI-ZIP	Change Add		Addition
NAME I		- Vitti				Land Orlange	
STREET ADDRESS			6.3 STREE	I ADDRESS			
CITY-ST-ZIP			6.4 CITY -				
14. I do heret	by certify that the information supp	olied with this filing does not qu	alify for the exi	omption stated	in Section 119.07(3)(i), Florida Statutes	s. I further certify that	the
informatio I am an o appears i	in indicated on this annual report fficer or director of the corporation in Blook 12 or Block 13 if dranged	or supplemental annual report in or the receiver or frustee emplement and areas attachment with an a	is true and acc lowered to exe address	urate and that pule this repor	my signature shall have the same lega rt as required by Chapter 607, Florida S	Lettect as if made und tatutes; and that my r	der oath; that name

MATURE. STANDED THE THE THE MEDICAL HOLLINGS