

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # L50973 (1)

1. Corporation Name
BUTLER MARKETING & ADVERTISING, INC.



Principal Place of Business % LAURA M BUTLER 1000 GATEWAY DR. #1019A MELBOURNE FL 32901 US	Mailing Address % LAURA M BUTLER 1333 GATEWAY DR. #1019A MELBOURNE FL 32901 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1145 N. SHANNON AVE. Suite, Apt. #, etc. 22 #10 City & State 23 INDIAN LANTIC FL Zip 24 32903	2a. Mailing Address 25 PO BOX 2661 Suite, Apt. #, etc. 27 City & State 28 MELBOURNE FL Zip 29 32902 Country 30 BREVARD	3. Date Incorporated or Qualified 02/13/1990	4. FEI Number 59-2993908	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BUTLER, LAURA M. 2240 S FRONT ST STE 304 MELBOURNE FL 32901 INDIAN LANTIC FL 32903	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

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	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, LAURA M	1.2 NAME	
STREET ADDRESS	1333 GATEWAY DRIVE #1019A	1.3 STREET ADDRESS	1145 N. SHANNON AVE #10
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	INDIAN LANTIC FL 32903
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACIVOR, MARJORIE M	2.2 NAME	
STREET ADDRESS	266 AQUARIUS AVE., SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACIVOR, MARJORIE M	3.2 NAME	
STREET ADDRESS	266 AQUARIUS AVE., SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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: Laura M. Butler (LAURA M. BUTLER) 1-8-98 407-724-6631

CR2E034 (10/97)