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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L84110

1. Corporatio	MENT # <b>L84</b> MOTIONAL MARKETING	•	(O)		I LLOCHION AND NUMBER DE DIERE DE PRESENTA	i Tali Afar Aran: Ar	1911 BJ <i>a</i> ur 20	iêli Brâr) Brêri 18ai
Principal Place of Business  % RICKI BLACK 1833 CLARIDGE CT. MAITLAND FL 32751		1833 CLARID	Mailing Address  * RICKI BLACK 1833 CLARIDGE CT. MAITLAND FL 32751					
		manically (	L SETSI		3. Date Incorporated or Qualified 06/25/1990	3a. Date	of Last R 14/13/1	
	lace of Business	2a. Mailing Addre	SS		4. FEI Number			Applied For
21		26			59-3025307		- <del></del>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, (	Suite, Apt. #, etc.		5. Certificate of Status Desired		SR 75 Additional	
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.0	May Be
2ip <b>24</b>	Country 25	Zip <b>29</b>	30 Co	ountry	8. This corporation has liability for in Florida Statutes Yes			
	9. Name and Address of Cu				10. Name and Address of New R		pent	
				81 Name		- J	g	
BLACK, RICKI 1833 CLARIDGE CT.			82 Street Ad		ress (P.O. Box Number is Not Acceptabl	(e)		
MAITL	AND FL			83		· · · · · · · · · · · · · · · · · · ·		
				84 City			<b>85</b> Zip	Code
				1 1		FL	1 1	I
SIGNATURE				ove-named corpor corporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	Dose of changintment as re	ging its re gistered	egistered office agent. I am
SIGNATURE _	Signature, typed or printed name of rug stered	agent and title if applicable.	(NOTE Ringistere	Ove-named corpor corporation's board Agent signature require	xd when reinstating!	pose of changintment as re	·	
SIGNATURE	Signature, typed or printed name of rug stered	agent and tile if applicable. AND DIRECTORS	(NOTE Angistero	ove-named corporation's board signature require		DOSE OF CHAR Introduction as re DATE CERS AND D	DIRECTO	
SIGNATURE _	Signature, typed or printed name of rug stered	agent and title if applicable.	NOTE Angistero 13. E 1,1	ove-named corpor corporation's board d Agent signature require	xd when reinstating!	DOSE OF CHAR Introduction as re DATE CERS AND D	·	
SIGNATURE _ 12. TULE NAME	Signature, typicd or printed name of registered.  OFFICERS  D  BLACK, RICKI 1833 CLARIDGE CT.	agent and tile if applicable. AND DIRECTORS	(NOTE Registers 13. E 1.1	ove-named corporation's board Agent signature require	xd when reinstating!	DOSE OF CHAR Introduction as re DATE CERS AND D	DIRECTO	
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12. TULE NAME STHEET ADDRESS CHY-ST-ZIP TITLE	Signature, typicd or printed name of registered.  OFFICERS  D  BLACK, RICKI 1833 CLARIDGE CT.	agent and tile if applicable. AND DIRECTORS	(NOTE Angistero  13.  E 1.1 1.2 N 1.3 S 1.4 C	ove-named corporation's board Agreet agreeture require	xd when reinstating!	DATE  CERS AND C	DIRECTO	RS IN 12
12. TOLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typicd or printed name of registered.  OFFICERS  D  BLACK, RICKI 1833 CLARIDGE CT.	agent and title if applicative.  AND DIRECTORS  DELETI	(NOTE Angistere 13.1 E 1.1 1.2 N 1.3 S 1.4 C	ove-named corporation's board Agreet agreeture required  TITLE  IAME  STREET ADDRESS  STY-ST-ZIP	xd when reinstating!	DATE  CERS AND C	OIRECTOI Change	RS IN 12
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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:

4-22-96 407-629-269