

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

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Feb 02 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 # M90735 (5)
1. Corporation Name
TITAN MARKETING GROUP, INC.

Principal Place of Business Mailing Address
1562 N. MEADOWCREST BLVD.
28471 U.S. 19 NORTH, SUITE 512
CRYSTAL RIVER FL 34429
US PO BOX 956
CRYSTAL RIVER FL 34423
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/18/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2909047	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BALLARD, GALEN O. 4039 SOUTH BLUE RIVER COVE HOMOSASSA SPRINGS FL 34448				81 Name			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALLARD, GALEN O.			1.2 NAME			
STREET ADDRESS	4039 S. BLUE RIVER COVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	HOMOSASSA SPRINGS FL			1.4 CITY - ST - ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKS, MARY A.			2.2 NAME			
STREET ADDRESS	4039 S. BLUE RIVER COVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	HOMOSASSA SPRINGS FL			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELLON, R. BRADFORD			3.2 NAME			
STREET ADDRESS	#20 SURREY RIDGE			3.3 STREET ADDRESS			
CITY - ST - ZIP	CASTLE ROCK CO			3.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CANARY, RICHARD L			4.2 NAME			
STREET ADDRESS	1795 MCCAULEY RD			4.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER FL			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOPKINS, CLAYTON W DR			5.2 NAME			
STREET ADDRESS	2288 DREW STREET, SUITE E			5.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER FL 34625			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, STEPHEN A			6.2 NAME			
STREET ADDRESS	28471 U.S. HWY 19 NORTH			6.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER FL 34621			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: _____ 1-27-98 352-628-3444

CR2E034 (10/97)