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CORPO	PROFIT DRPORATION NUAL REPORT 1996		Sandra E Secreta	FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS					
OCUM	ENT#	P1096	1 (1)						
Corporation N		ROMOTIONAL (SERVICES, INC.						
rincipal Place ol	f Business		Mailing Address					ibi libi bibil di	Tif 6484) dian dian bion non
4229 N. TRAIL DOMESTICATED SARASOTA FL 34234			4229 N. TRAIL SARASOTA FL 34234			Date incorporated or Qualified 3a. Date of Last Report			
US		US			07/29/1986		04/20/1995		
, Principal Plac	- of Fluniones		2a. Mailing Address				4. FEI Number		Applied For Not Applicable
Principal Plac	Se of prizidess		26				59-2820608		\$8.75 Additional
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Required
City & State			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	 	Country	7 _(F)		Country		8. This corporation has liability fo	rintangible t es ⊠ No	ax under s. 199.032,
Ζφ 1	25		29	30	т		Florida Statutes Ye 10. Name and Address of New		Agent
	9. Name and	Address of Curren	t Registered Agent		81	Nane			
					82	Street Add	Iress (P.O. Box Number is Not Accept	able)	
ZOLTAI	N, DEVENYI	AU							
4229 N	I. TAMIAMI TR OTA FL 34234	AIL 1			83				. 85 Zip Code
					84			F	L (- 1
familiar wil	th, and accept th	ne obligations of, Sect	tion 607,0505, Florida Statute	es.			oration submits this statement for the jard of directors. I hereby accept the a	DA1E	
SIGNATURE .	Signature, typed or fil	nen rane el región d'agric				d, eding, in, polls	THE WAS TO SECURE TO SECURE	OFFICERS AN	ND DIRECTORS IN 12
		OFFICERS AN	ND DIRECTORS		IJ.		ADDITIONS/CHANGES TO U		
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SIRECT ADDRESS

DITY-ST-ZIP

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)(k). 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 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 thistee 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 attanhment with an address.

SIGNATURE: Hedwig Devenyi, VSD

SIGNATURE: Hedwig Devenyi, VSD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

63 STREET ADDRESS

TITLE

NAME

STREET ADDRESS