

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37760 (6)

1. Corporation Name
J. HARVIE MARKETING, INC.



Principal Place of Business 3500 FAIRLANE FARMS RD STE 13 WELLINGTON FL 33414 US	Mailing Address 3500 FAIRLANE FARMS RD STE 13 WELLINGTON FL 33414-8749 US
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3. Date Incorporated or Qualified 03/05/1992	3a. Date of Last Report 03/12/1996
4. FEI Number 38-2773481	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3460 Fairlane Farms Rd	2a. Mailing Address 26 3460 Fairlane Farms Rd
Suite, Apt. #, etc. 22 Suite 5	Suite, Apt. #, etc. 27 Suite 5
City & State 23 Wellington, FL	City & State 28 Wellington, FL
Zip 24 33414	Country 25 USA
Zip 29 33414	Country 30 USA

9. Name and Address of Current Registered Agent

**HARVIE, JOHN C.
 3500 FAIRLANE FARMS RD
 STE 13
 WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3460 Fairlane Farms Rd
83	Suite 5
84 City	Wellington, FL
85 Zip Code	33414

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: *John C. Harvie* (address chg) DATE: **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARVIE, JOHN C.	
STREET ADDRESS	3500 FAIRLANE FARMS RD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARVIE, JODI L.	
STREET ADDRESS	3500 FAIRLANE FARMS RD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KLANN, JOYELLE E.	
STREET ADDRESS	284 E. 20TH ST.	
CITY-ST-ZIP	IDAHO FALLS ID	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3460 Fairlane Farms Rd, Suite 5
14 CITY-ST-ZIP	Wellington, FL 33414
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3460 Fairlane Farms Rd, Suite 5
24 CITY-ST-ZIP	Wellington, FL 33414
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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: *John C. Harvie* DATE: **4/28/97** 561/753-6261

CP2E034 (9/96)