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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State

1997

DIVISION OF CORPORATIONS DOCUMENT # P93000001599 (8) ON PURPOSE MARKETING, INC. Principal Place of Business Mailing Address 564 BEACH ROAD 2445 BREAKWATER CIR SARASOTA FL 34231-5548 SARASOTA FL 34242 3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1996 01/04/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0373536 21 26 Not Applicable Suite, Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 8. Certificate of Status Desired 22 27 Fee Required City & State: City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\square\) No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name WILLIAMS, HARRIS 564 BEACH ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34242 83 84 City 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 familtar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE 1.1 TITLE Change Addition THE WILLIAMS, HARRIS NAME 1.2 NAME **564 BEACH ROAD** STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34242 CHY-51-20F 1.4 CITY - ST - ZIP DELETE Change Addition THE 21 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS DITY-S1-7IP 2. 4 CiTY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS City-St-ZiP 4.4 CITY-ST-ZIP DELETE Change Addition THE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-78 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change 62 NAME NAMI STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

appears in

Block 12 or Blog

HARRY WILLIAMS 4/5/17 SIGNATURE AND TYPED OF

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this an above 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 porparition or the receiver for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

941-3461742 Dayline Phone #

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FILED

Apr 14 1997 8:00am

Secretary of State