

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000003658 (0)

1. Corporation Name

ON YOUR MARK DESIGN AND PUBLISHING, INC.



Principal Place of Business

Mailing Address

1100 W. 2ND AVENUE
WINDERMERE FL 32786
US

1700 W. 2ND AVENUE
WINDERMERE FL 34786
US

2. Principal Place of Business

2a. Mailing Address

21 2544 Robt. Trent Jones Dr.

26 2544 Robt. Trent Jones Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #827

27 #827

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32835

29 32835

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHRIES, J G
201 E PINE ST
SUITE 701
ORLANDO FL 32801

81 Name
Lynda L. Mealey

82 Street Address (P.O. Box Number is Not Acceptable)
2544 Robt. Trent Jones Dr.

83 #827

84 City
Orlando

FL

85 Zip Code
32835

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

Lynda L. Mealey

7/25/96

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MEALEY, LYNDA L
1100 W. 2ND AVENUE
WINDERMERE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
D
Mealey, Lynda L
2544 Robt. Trent Jones Dr. #827
Orlando, FL 32835

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Change Addition

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lynda L. Mealey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96

(407) 578-7189

DATE

PHONE NUMBER

CR2E034 (3/96)