

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 # P93000027009 (8)

1. Corporation Name

F.M.S. MARKETING, INC.

Principal Place of Business

Mailing Address

17 NORTH WASHINGTON AVENUE  
APOPKA FL 32703

17 NORTH WASHINGTON AVENUE  
APOPKA FL 32703



2. Principal Place of Business		2a. Mailing Address	
21 681 Sable Palm CR.	26 681 Sable Palm CR.	3. Date Incorporated or Qualified 04/12/1993	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 05/01/1995	
22 APT # 681	27 APT # 681	4. FEI Number 59-3180319	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 ALTAMONTE SPRINGS, FL	28 ALTAMONTE SPRINGS, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 32701	25 USA		
29 32701	30 USA		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, JEFFREY L  
17 NORTH WASHINGTON AVENUE  
APOPKA FL 32703

81 Name	JEFF EDWARDS
82 Street Address (P.O. Box Number is Not Acceptable)	681 Sable Palm CR.
83	APT # 681
84 City	ALTAMONTE SPRINGS
85 Zip Code	FL 32701

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

*Jeffrey L. Edwards*

(NOTE: Registered Agent's signature required when re-appointing)

6-20-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JEFFREY L	1.2 NAME	
STREET ADDRESS	17TH N. WASHINGTON AVE	1.3 STREET ADDRESS	681 Sable Palm CR.
CITY - ST - ZIP	APOPKA FL	1.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JEFFREY L.	2.2 NAME	
STREET ADDRESS	17 N. WASHINGTON AVENUE	2.3 STREET ADDRESS	681 Sable Palm CR.
CITY - ST - ZIP	APOPKA FL	2.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - 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 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:

*Jeffrey L. Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96

DATE

407-331-8650

DAYTIME PHONE

CR2E034 (3/96)