


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

0402535

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90080 032 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000027614**

1. Corporation Name  
**VARIAN MARKETING GROUP, INC.**



Principal Place of Business 8714 CHADWICK DRIVE TAMPA FL 33635	Mailing Address 8714 CHADWICK DRIVE TAMPA FL 33635
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7903 FLOWERFIELD DR.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>7903 FLOWERFIELD DR.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/12/1993</b>	
22 City & State 23 <b>TAMPA, FL</b>		27 City & State 28 <b>TAMPA, FL</b>		4. FEI Number <b>59-3174605</b>	
24 Zip <b>33615</b>		29 Zip <b>33615</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VARIAN, GEORGE L 8714 CHADWICK DRIVE- TAMPA FL 33635				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83			
		<b>7903 FLOWERFIELD DR.</b>					
84 City		85 Zip Code					
<b>TAMPA</b>		<b>FL 33615</b>					

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARIAN, GEORGE L	1.2 NAME	
STREET ADDRESS	8714 CHADWICK DR	1.3 STREET ADDRESS	<b>7903 FLOWERFIELD DR.</b>
CITY-ST-ZIP	TAMPA FL 33635	1.4 CITY-ST-ZIP	<b>TAMPA, FL 33615</b>
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, LINDA J	2.2 NAME	
STREET ADDRESS	8714 CHADWICK DR	2.3 STREET ADDRESS	<b>7903 FLOWERFIELD DR.</b>
CITY-ST-ZIP	TAMPA FL 33635	2.4 CITY-ST-ZIP	<b>TAMPA FL 33615</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: Linda Armstrong (Signature) 3/15/99 (Date) 813 885 3600 (Daytime Phone #)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)