FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000044445 (3)

1. Corporation Name

POSITIVE PROMOTIONS, INC.

Principal Place of Business	Mailing Address
1730 ALT 19 SO. STE H TARPON SPRINGS FL 34689 US	1730 ALT 19 SO. STE H TARPON SPRINGS FL 34689 US

3. Date Incorporated or Qualified: 06/22/1993
3a. Date of Last Report: 06/23/1995

2. Principal Place of Business	2a. Mailing Address
21 1200 S. Pinellas Ave	26 1200 S. Pinellas Ave
Suite, Apt. #, etc. 22 Suite 3	Suite, Apt. #, etc. 27 Suite 3
City & State 23 Tarpon Springs FL.	City & State 28 Tarpon Springs FL.
Zip 24 34689 Country 25 USA	Zip 29 34689 Country 30 USA

4. FEI Number: 59-3188921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERHACH, PATRICIA A
1730 ALT 19 SO.
STE H
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Patricia A. Perhach
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pinellas Ave
83 Suite 3
84 City: Tarpon Springs FL 85 Zip Code: 34689

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 ________

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	PERHACH, PATRICIA A	
STREET ADDRESS	106 CARLYLE CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VP	☒ DELETE
NAME	ROBERTS, RICHARD	
STREET ADDRESS	400 83RD AVE N	
CITY-ST-ZIP	ST PETERSBURG F	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☒ Addition
1.2 NAME	Peter Perhach	
1.3 STREET ADDRESS	106 Carlyle Cir	
1.4 CITY-ST-ZIP	Palm Harbor, FL- 34683	
2.1 TITLE	~~VP~~ Sec	☐ Change ☒ Addition
2.2 NAME	Peter Perhach	
2.3 STREET ADDRESS	106 Carlyle Cir.	
2.4 CITY-ST-ZIP	Palm Harbor, FL. 34689	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter Perhach, Pres. 4-9-96 813-938-2403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)