FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P93000044459 (4)
1. Corporation Name

MARKETING MAILING SERVICES, INC.

Principal Place 6202 BENJAMI SUITE 100	n road	Mailing Address 6202 BENJAMIN ROAD SUITE 100 TAUDA 51, 23624								
TAMPA FL 33634 US		TAMPA FL 33634 US		3. Date Incorporated or Qualified 06/16/1993		Date of Last Report 03/31/1995				
2. Principal P _i a 21	ce of Business	2a. Mailing Address 26				4. FEI Number 59-3201528			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	Fee Required			
City & State		City & State	T			Election Campaign Financing Trust Fund Contribution		Ad	.00 May Be ded to Fees	
^Ζ ιρ 24]	Country 25	Zip 29	30 Cour	ıtry		This corporation has liability for Florida Statutes Yes	intangible tax No	under	s 199,032,	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	legistered A	gent		
				81	Name					
ALLWEISS, MICHAEL D 4020 PARK STREET NORTH			}	82	Street	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 20		83							<u>,</u>	
ST PETER	RSBURG FL 33709		}	84	City	85 Zip Code				
							FL		•	
SIGNATURE 12. TILE NAME STRELLADORESS CITY-ST-ZIP	OFFICERS AND PD KILICHOWSKI, WILLIAM S. 6202 BENJAMIN ROAD, SUITE TAMPA FL	DELETE	13. 1 1 TII 1.2 NA	TLE ME REET	ADDRESS	required when renalating): ADDITIONS/CHANGES TO OFF		DIREC Chang	 	
Till.F	SD HARRIS, BONNIE A.	DELETE	2 1 11	TLE) Chang	ge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	6202 BENJAMIN ROAD, SUITE TAMPA FL		2.3 S11	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				,		
TULF	DC	X DELETE	3. 1 (1)	TLE			X	Chang	ge 🔲 Addition	
NAME	PORCELLI JR., PETER J.		3 2 NA	ME				•		
STHEET ADDRESS	6202 BENJAMIN ROAD, SUITE	100			ADDRESS					
CITY - ST - ZIP	TAMPA FL	AFI FTF	3 4 CIT		I - ZIP	ST) Chang	ne 🗍 Addition	
TILLE	JAMES, MICHELE A	DELETE	4. 1 70 4.2 NA			Michel Walford	Х.	j unang	le 🗀 woorkou	
NAME DEGLE ARCOROGO	6202 BENJAMIN RD., SUITE 10	n	4.2 NA		*DDDCCC		01	. 4	^	
STREET ADDRESS	TAMPA FL	·					Suite	<i>=</i> 1	U	
CITY ST-ZIF THEF	17 W/N 73 1 Ib-	DELETE	4.4 C(T		1 - £IP	Tampa, FL 33634) Chang	re Addition	
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STAGELL ADDRESS					ADDRESS					
C11Y - \$1 - Z1P			5 4 CIT							
THE		DELETE	6 1 1] Chang	e 🔲 Addition	
NAME			6 2 NA	Μĉ						
STREET ADDRESS			6 3 ST	REET	ADDRESS					
C:TY - S! - 7:P			6.4.01	Y-S	r-zip					
certily that oath; that t	the information indicated on this annua	I report or supplemental annuition or the receiver or trustee	ual report is e empower	s tru	e and a	alify for the exemption stated in Section 119 ccurate and that my signature shall have the te this report as required by Chapter 607, F	same legal e	effect a	is if made under	

SIGNATURE: Michele Walfo

Michele Walford / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA

Wayord 03/05/96

(813)887-1800

CR2E034 (12/95)