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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000044459 (4)

1. Corporation Name

MARKETING MAILING SERVICES, INC.

Principal Place of Business

6202 BENJAMIN ROAD
SUITE 100
TAMPA FL 33634
US

Mailing Address

6202 BENJAMIN ROAD
SUITE 100
TAMPA FL 33634
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1993

4. FEI Number

59-3201528

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ALLWEISE, MICHAEL D ESQUIRE
111 2ND AVE. NE STE 620
SUITE 200
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name ALLWEISS, MICHAEL D., ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME ST WOLFORD, MICHELE
STREET ADDRESS 6202 BENJAMIN RD
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME C
STREET ADDRESS PORCELLI, PETER J JR
CITY-ST-ZIP 6202 BENJAMIN RD
TAMPA FL

TITLE ☒ DELETE
NAME VP
STREET ADDRESS ANDERSON, JOHN R
CITY-ST-ZIP 6202 BENJAMIN RD
TAMPA FL

TITLE ☒ DELETE
NAME VP
STREET ADDRESS HAGA, ROBERT
CITY-ST-ZIP 6202 BENJAMIN RD
TAMPA FL

TITLE ☒ DELETE
NAME VP
STREET ADDRESS PORCELLI, PETER J SR
CITY-ST-ZIP 6202 BENJAMIN RD
TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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.

SIGNATURE

Peter Porcelli

4/24/98

813-887-1800

CR2E034 (10/97)