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PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000046406 (3)**

1. Corporation Name

SOUTHLAND MARKETING CORPORATION

Principal Place of Business
10223 POINTVIEW CT
ORLANDO FL 32836
US

Mailing Address
10223 POINTVIEW CT
ORLANDO FL 32836
US

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3188896 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. **Name and Address of Current Registered Agent**

PRESITTO, MICHAEL J
708 E. COLONIAL DR
ORLANDO FL 32803

10. **Name and Address of New Registered Agent**

81 Name: James P. Barbarino
82 Street Address (P.O. Box Number is Not Acceptable): 10223 Pointview Ct.
83
84 City: Orlando FL 85 Zip Code: 32836

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] James P. Barbarino — DATE: 1-24-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: BARBARINO, JAMES P STREET ADDRESS: 10223 POINTVIEW CT CITY-ST-ZIP: ORLANDO FL	[X] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	2.1 TITLE: D PST 2.2 NAME: Angelo Barbarino 2.3 STREET ADDRESS: 7504 Redwood Country Rd. 2.4 CITY-ST-ZIP: Orlando, FL 32835	[ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	3.1 TITLE: D 3.2 NAME: Donna Barbarino 3.3 STREET ADDRESS: 7504 Redwood Country Rd. 3.4 CITY-ST-ZIP: Orlando, FL 32835	[ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	4.1 TITLE: D 4.2 NAME: Leighton H. Lippert 4.3 STREET ADDRESS: 8045 Via Hermosa 4.4 CITY-ST-ZIP: Sanford, FL 32771	[ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

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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: [signature] Angelo Barbarino — 1/27/96 — 352-3800

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

CS 2-22-96