

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report

02/22/1996

4. FEI Number

59-3188896

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BARBARINO, JAMES P
10223 POINTVIEW CT.
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARBARINO, ANGELO
STREET ADDRESS 7504 REDWOOD COUNTRY RD.
CITY-ST-ZIP ORLANDO FL 32835 ☐ DELETE

TITLE D
NAME BARBARINO, DONNA
STREET ADDRESS 7504 REDWOOD COUNTRY RD.
CITY-ST-ZIP ORLANDO FL 32835 ☒ DELETE

TITLE D
NAME LIPPERT, LEIGHTON H
STREET ADDRESS 8045 VIA HERMOSA
CITY-ST-ZIP SANFORD FL 32771 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.3 1054 Shimmering Sand Dr.
1.2 NAME Ocoee, FL 34761 ☒ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE D Michael Bundo
4.2 NAME 9456 AZALEA WAY
4.3 STREET ADDRESS Gotha, FL 34734 ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

14. I do 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:

SIGNATURE REQUIRED

8/16/97 4073523800

CR2E034 (4/97)