

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000082294 (8)

1. Corporation Name
CPI MARKETING GROUP, INC.

Principal Place of Business
100 EXECUTIVE WAY
SUITE 110
PONTE VEDRA BEACH FL 32082

Mailing Address
100 EXECUTIVE WAY
SUITE 110
PONTE VEDRA BEACH FL 32082-2786



2. Principal Place of Business		3a. Date of Last Report	
21		12/01/1993	
22		04/24/1996	
23		3. Date Incorporated or Qualified	
24		12/01/1993	
25		3a. Date of Last Report	
26		04/24/1996	
27		4. FEI Number	
28		59-3212411	
29		Applied For	
30		Not Applicable	
31		5. Certificate of Status Desired	
32		8.75 Additional Fee Required	
33		6. Election Campaign Financing	
34		Trust Fund Contribution	
35		5.00 May Be Added to Fees	
36		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
37		XX Yes	
38		No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81		Name	
82		Street Address (P.O. Box Number is Not Acceptable)	
83			
84		City	
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 _____ DATE _____
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	
NAME	KAY, THOMAS N	1.2 NAME	
STREET ADDRESS	100 EXECUTIVE WAY, SUITE 110	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: *Thomas N. Kay* April 14, 1997 (904)-285-5757

CR2E034 (9/96)