

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90057 050 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
~~1999~~ 2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000082294**
1. Corporation Name
CPI MARKETING GROUP, INC.

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

Mailing Address
~~100 EXECUTIVE WAY SUITE 110~~
PONTA VEDRA BEACH FL 32082



2. Principal Place of Business	2a. Mailing Address
21 10033 Sawgrass Dr. W. Suite, Apt. #, etc.	26 P O Box 410 Suite, Apt. #, etc.
22 101 City & State	27 City & State
23 Ponte Vedra, FL Zip Country	28 Ponte Vedra, FL Zip Country
24 32082 25	29 32004 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	4. FEI Number	Applied For
12/01/1993	59-3212411	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>	\$8.75 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KAY, THOMAS N.
~~100 EXECUTIVE WAY SUITE 110~~
PONTA VEDRA BEACH FL 32082

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
Thomas N. Kay	10033 Sawgrass Drive W. Suite 101		Ponte Vedra FL	32082

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	KAY, THOMAS N	
STREET ADDRESS	100 EXECUTIVE WAY SUITE 110	
CITY-ST-ZIP	PONTA VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 4/20/01 904 285 5757

CR2E034 (5/99)