FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000086407 (2)

1. Corporation Name

MARKETING SUPPORT GROUP, INC.

Principal Place of Business

~~4823 SILVER STAR ROAD~~
~~SUITE 190~~
~~ORLANDO FL 32808~~

Mailing Address

~~4823 SILVER STAR ROAD~~
SUITE 190
ORLANDO FL 32808

2. Principal Place of Business
21 Rt1, Box 235-A
Suite, Apt. #, etc.
22
City & State
23 West Union, WV
Zip 24 26456 Country 25 Dodd.

2a. Mailing Address
26 P.O. Box 113
Suite, Apt. #, etc.
27
City & State
28 West Union, WV
Zip 29 26456 Country 30 Dodd.

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3229808 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HOWES, MELINDA S
~~4823 SILVER STAR ROAD~~
~~SUITE 190~~
~~ORLANDO FL 32808~~
PO Box 113
West Union, WV
26456

10. Name and Address of New Registered Agent
81 Name: STEPHEN R. LAREAU, C.P.A, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1132 E. SEMORAN BLVD
83 P.O. BOX 1348
84 City: APOPKA FL 85 Zip Code: 32703

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] DATE 6/3/96

12. OFFICERS AND DIRECTORS

TITLE	PVST	☐ DELETE
NAME	HOWES, MELINDA S	
STREET ADDRESS	4823 SILVER STAR ROAD, SUITE 190	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: Melinda S Howes — 6/17/96 — 304/873-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)