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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P94000006844

1. Corporation Name

AFTER MARKETING, INCORPORATED

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: January 19, 1994 — 3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 2963 44th Ave. North	26 Same	59-3229237 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 St. Petersburg, Fla.	City & State 28 Same	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 33714 / Country 25 Pinellas	Zip 29 33714 / Country 30 Pinellas	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Michael J. Simon 2532 Lakeside Court Palm Harbor, Fla. 34684	81 Name: Michael J. Simon 82 Street Address (P.O. Box Number is Not Acceptable): 2963 44th Avenue North 83 84 City: St. Petersburg FL 85 Zip Code: 33714

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 _____ May 10, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Secretary	11 TITLE	☐ Change ☐ Addition
NAME	Michael J. Simon	12 NAME	
STREET ADDRESS	2963 44th Avenue North	13 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, Fla. 33714	14 CITY ST ZIP	
TITLE	Vice President/Treasurer	21 TITLE	☐ Change ☐ Addition
NAME	Patricia A. Simon	22 NAME	
STREET ADDRESS	2963 44th Avenue North	23 STREET ADDRESS	
CITY ST ZIP	St. Petersburg, Fla. 33714	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added on an attachment with an address.

SIGNATURE: Michael J. Simon Michael J. Simon May 10, 1995 (813)528-2800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #