

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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TALENT OFFICE, FLORIDA

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****225.00 ****225.00

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000006844
1. Corporation Name
AFTER MARKETING, INCORPORATED

Principal Place of Business Mailing Address

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

4. FEI Number 59-3229237 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 2963 44th Ave. North 26 Same

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State
23 St. Petersburg, Fla. 28 Same

Zip Country Zip Country
24 33714 25 Pinellas 29 33714 30 Pinellas

9. Name and Address of Current Registered Agent

Michael J. Simon
2532 Lakeside Court
Palm Harbor, Fla. 34684

10. Name and Address of New Registered Agent

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.

May 10, 1995

SIGNATURE

(Signature, typed or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President/Secretary
NAME Michael J. Simon
STREET ADDRESS 2963 44th Avenue North
CITY ST ZIP St. Petersburg, Fla. 33714

TITLE Vice President/Treasurer
NAME Patricia A. Simon
STREET ADDRESS 2963 44th Avenue North
CITY ST ZIP St. Petersburg, Fla. 33714

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CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP ☐ Change ☐ Addition

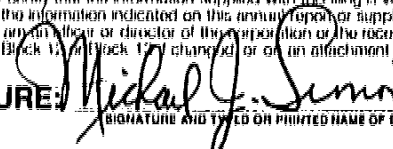
61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 110.07(3)(k), Florida Statutes. Further, I 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 or changed or on an attachment with an address.

SIGNATURE:  Michael J. Simon May 10, 1995 (813)528-2800

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone Number