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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000026222 (7)

DOCUMENT # P9400026222 (7) 1. Corporation Name FIRST MIDWEST MARKETING OF FLORIDA, INC.								
Principal Place of Business Mailing Address								
1853 SELVA GRANDE DR BUTE 108 ATLANTIC BEACH FL 32233		4215 SOUTHPOINT BLVD. SUITE 100						
US US	EACH FL 32233	JACKSONVILLE FL 32216				3. Date Incorporated or Qualified 04/05/1994	3a. Date of Last Report 07/25/1995	
Principal Place of Business 21		2a. Mailing A	2a. Mailing Address 26			4. FEI Number 59-3233746	Applied For Not Applicable	
Suite, Apt. #,	, etc.	Suite, Ap				5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & Sta	ate 			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip •	Country 25	Ζφ 29		Country 30	,	B. This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032,	
	Name and Address of Current	ent Registered Age	ent		r	10. Name and Address of New F	legistered Agent	
				81	Name			
SCHNEIDER, MICHAEL N 100 NATIONAL FINANCIAL BLDG. 4215 SOUTHPOINT BLVD.				82	Street Ac	t Address (P.O. Box Number is Not Acceptable)		
				83	<u> </u>			
JACKSONVILLE FL 32216			84	City	······································	85 Zip Code		
11. Pursuant to or registered familiar with	the provisions of Sections 607.050 of agent, or both, in the State of Fice, and accept the obligations of, Se	02 and 607.1508, Fl rida. Such change v ction 607.0505, Flor	orida Statutes, vas authorized ida Statutes.	the above- by the corp	named corp oration's bo	poration submits this statement for the purposed of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent. I am	
SIGNATURE	Ignature, typod or printed name of registered age	nt and title if applicable	(NOTE	Registered Age	nt signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	D		DELETE	1 1 TITLE		DPST	Change	
NAME	HARRIS, DAVID			1.2 NAME		2-02		
STREET ADDRESS				1 3 STREET	ADDRESS			
CITY-ST-ZIP	ATLANTIC BEACH FL 322			14 CHY-9	ST-ZIP			
THTLE			DELETE	2 1 TITLE			Change Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET				
CITY-ST-ZIP			DELETE	2.4 CHY-5 3.1 THLE	****		Change Addition	
TITLE NAME		لسا	DEELLE	3 1 IIILE 32 NAME			change Addition	
STREET ADDRESS					T ADDRESS			
CITY-SI-ZIP								
TITLE			DELETE	3.4 CITY-S 4. 1 TITLE	51-21		Change Addition	
NAME				4.2 NAME		mmmmm a m.		
STREET ADDRESS				1	ADDRESS	2000018; -05/0 <u>7/96</u> 010	10,45	
CITY-SI-ZIP				4.4 CITY - S	1	***200.00	328023	
TITLE			DELETE	5. 1 TITLE		***************************************	Change Addition	
NAME				5.2 NAME			/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
STREET ADDRESS				5.3 STREET	ADDRESS		>/ ` \\ \\ \	
City-St-Zip				5.4 CITY - 5	ST-ZIP			
TITLE			DELETE	6. 1 TITLE			Change Addition	
NAME				6.2 NAME				
STREET ADDRESS 6.3.S			6.3 STREET	I ADDRESS				
DITY OF 710				0.4.00004.0	21.20		i	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(800)213 1132

CR2E034 (12/95)