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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Special of State

	ANNUAL REPORT 1996		ISION OF CORPOR	RATIONS				
OCUM Corporation Na		00002661	9 (4)					
CONCEPT MARKETING SYSTEMS INTERNATIONAL, INC.								
Principal Place of Business Mailing Address) (BB)(\$8) (18 (SIN) BIBN BANA SA			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12330 V	VOODROSE COURT	- 910-6E-22 - POMPANO 12330 W.S.		रा	3. Date incorporated or Qualified	3a. Date of		
FORT M	SUITE FOUR YERS, FL 33907 USA	FORT MY	ERS, FL 33907 L	ISA	04/01/1994 4. FEI Number	03/	31/199	D plied For
Principal Place	e of Business	2a. Mailing Ac	dress		65-0485391		·	t Applicable
Suite, Apt #,	elc:	26 Suite, Apt	. #, etc.		5. Certificate of Status Desired		\$8.75 A	
)	0.0	27					Fee Re	
City & State		City & Sta	ite		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	28 Zip	[c	ountry	8. This corporation has liability for	intangible tax u	inders 19	99.032,
1	25	29	30	· · · · · · · · · · · · · · · · · · ·	Florida Statutes Yes 10. Name and Address of New I	No Registered Ag	ent	
	g. Name and Address of C	Current Registered Age	<u>nt</u>	81 Name	10. Name and Address of New I	redistrien võ		
<u>.</u>	I I AUD D			1 1	ress (P.O. Box Number is Not Accepta	nle!		
GILLOGLY, LLOYD D 948-8E-22ND-AVE- 12330 WOODROSI			70E (\O) II	82 Street Add	ress (ff.U. box number is not accepta			
	ZZNU AVE" NO REACH FI 33062	12330 WOODRO SUITE F	OUR	83				
- Gini i a	TO SENSITI L COUCL	FORT MYERS, F	L 33907 USA	84 City		FI	85 Zip	Code
				1771 7	oration submits this statement for the purific of directors. Thereby accept the app	FL	ring its ra	nieteren office
SIGNATURE S 12	greature, typied or prode a name of register OFFICE	RS AND DIRECTORS	1	ere di Agninit Sepriuli de redicer 3.	ADDITIONS/CHANGES TO OF		OHEGTOR	RS IN 12
TRĪLE	D/C GILLOGLY, LLOYD D	12330 WOODROSE	COURT	1 TITLE 2 NAME		_		_
NAME STREET ADDRESS		SUITE FOUI FORT MYERS, FL 3:	H ■	3 STREET ADDRESS				
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STREET ADDRESS				3 STREET ADDRESS				
CITY-ST-ZIP TITLE				1 TITLE			Change	Addition
NAME .			•	2 NAME				
STREET ADDRESS			:	3 STREET ADDRESS				
CITY-ST-ZIP				3.4 CITY S1-2IP		- 	Change	Addition
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NAME				4.3 STREET ADDRESS				
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CITY-ST-ZIP				5 4 CHTY - ST - ZIP 6 1 THE] Change	Addition
TITLE		L	Journ	62 NAME		_		
NAME							_ /	
			-	6.3 STREET ADDRESS	-			∠ ∩
STREET ADDRESS				6.4 CHY - ST - 7IP	<u> </u>	S-0/-	26	Ope
STREET ADDRESS CITY-ST-ZIP 14 Lido beret:	by certify that the information s	supplied with this filing is v	voluntarily furnished	64 CITY-ST-ZIP and does not qualif	ty for the exemption stated in Section 1 trate and that my signature shall have t this report as required by Chapter 607	19.07(3)(k), Flo the same legal	rida Statut effect as it	tes Hurther f made under

Dayline Preses #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR