

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 # P94000027158 (2)

1. Corporation Name

TARGET MARKETING ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 140153
ORLANDO FL 32814-0153

Mailing Address

P.O. BOX 140153
ORLANDO FL 32814-0153



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/01/1994		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3237454		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JOHNSON, J. WILLIAM
2610 CORRINE DRIVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name Kevin R. Sweeney
82 Street Address (P.O. Box Number is Not Acceptable)
31 Gale Lane
83
84 City Ormond Bch. FL 85 Zip Code 32174

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

Kevin R. Sweeney
Signature typed or printed name of registered agent and not acceptable

(NOTE: Registered Agent signature required when reinstating)

April 23, 1996
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, J. WILLIAM	1.2 NAME	
STREET ADDRESS	2610 CORRINE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, KEVIN R	2.2 NAME	
STREET ADDRESS	1028 W OCEAN DR	2.3 STREET ADDRESS	31 Gale Lane
CITY - ST - ZIP	KEY COLONY BEACH FL	2.4 CITY - ST - ZIP	Ormond Bch., FL 32174
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Steven J. Haddock
STREET ADDRESS		3.3 STREET ADDRESS	1935 Crescent St
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Orlando, FL 32817
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Kevin R. Sweeney
Signature and typed or printed name of signing officer or director

April 23, 1996
Date

407-245-7838
Daytime Phone #

CR2E034 (12/95)