


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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			Mailing Address		
P.O. BOX 140153 ORLANDO FL 32814-0153			P.O. BOX 140153 ORLANDO FL 32814-0153		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/01/1994	
22 City & State		27 City & State		3a. Date of Last Report	
23 Zip		28 Zip		04/29/1996	
24 Country		29 Country		4. FEI Number	
				59-3237454	
5. Certificate of Status Desired				Applied For	
				Not Applicable	
6. Election Campaign Financing Trust Fund Contribution				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
7. 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			10. Name and Address of New Registered Agent		
SWEENEY, KEVIN R 31 GALE LANE ORMOND BEACH FL 32174			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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					
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	VTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADDOCK, STEVEN J		1.2 NAME		
STREET ADDRESS	1835 CRESCENT ST		1.3 STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL		1.4 CITY- ST- ZIP		
TITLE	PSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWEENEY, KEVIN R		2.2 NAME		
STREET ADDRESS	31 GALE LANE		2.3 STREET ADDRESS		
CITY- ST- ZIP	ORMOND BEACH FL		2.4 CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Lure Kevin A		3.2 NAME		
STREET ADDRESS	3664 Dobyshire Rd Apt 112		3.3 STREET ADDRESS		
CITY- ST- ZIP	Casselberry, FL 32707		3.4 CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Smothers Thomas L.		4.2 NAME		
STREET ADDRESS	2005 Nancy Ann Terr.		4.3 STREET ADDRESS		
CITY- ST- ZIP	Ocoee, FL 34761		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 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 on an attachment with an address.					
SIGNATURE: <i>Steven J. Haddock</i> STEVEN J. HADDOCK VTD 4-28-97 407-245-7838					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

CR2E034 (9/96)