FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 JAN 20 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000027193 (9)

1. Corporation Name
MAGNOLIA MARKETING CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
725 N. MAGNOLIA AVENUE ORLANDO FL 32803	725 N. MAGNOLIA AVENUE ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 997 W. Kennedy Blvd
22 Suite, Apt. #, etc. A25
23 City & State: Orlando Fla
24 Zip: 32810 25 Country: Orange

2a. Mailing Address
26 997 W. Kennedy Blvd
27 Suite, Apt. #, etc. A25
28 City & State: Orlando Fl
29 Zip: 32810 30 Country: Orange

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

KERBEN, EDWARD
725 N. MAGNOLIA AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Patricia LaVelle
82 Street Address (P.O. Box Number is Not Acceptable): 997 W. Kennedy Blvd A25
83
84 City: Orlando FL 85 Zip Code: 32810

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[X] Change [ ] Addition Patricia LaVelle President S/T Director/ Vice
NAME	KERBEN, EDWARD	1.2 NAME	
STREET ADDRESS	725 N. MAGNOLIA AVENUE	1.3 STREET ADDRESS	Blvd A25 997 W. Kennedy
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	Orlando Florida 32810
TITLE		2.1 TITLE	[ ] Change [ ] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCL 1-24-95

Delete

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)(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: Patricia LaVelle 1/15/95 407 660-9542
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice Pres/Secy Treas

0084832 CP