

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1995.  
AMOUNT DUE ON OR BEFORE 8/7/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000028826 (3)

1. Corporation Name

RIGHTLER MARKETING, INC.

Principal Place of Business

Mailing Address

6993 NW 6 COURT  
MARGATE FL 33063

6993 NW 6 COURT  
MARGATE FL 33063

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

9600

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
23 City & State		27 City & State	
24 Zip		28 Zip	
25 Country		29 Country	
30		31	

3. Date Incorporated or Qualified	3a. Date of Last Report
04/14/1994	05/01/1995
4. FEI Number	Applied For
65-0483203	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIGHTLER, RONALD E  
6993 NW 6 COURT  
MARGATE FL 33063

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

*Ronald E. Rightler*  
Signature, typed or printed name of registered agent and title if applicable

*Ronald E. Rightler*  
(NOTE: Registered Agent signature required when reinstating)

12-20-96  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	RIGHTLER, RONALD E	1.2 NAME	
STREET ADDRESS	6993 NW 6 COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL 33063	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	RIGHTLER, SHARON A	2.2 NAME	
STREET ADDRESS	6993 NW 6 COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL 33063	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sharon A. Rightler*  
Signature and typed or printed name of signing officer or director

954 971-  
2313  
Telephone #