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

95 MAY -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028826 (3)

1. Name of Corporation
RIGHTLER MARKETING, INC.

Principal Place of Business
6993 NW 6 COURT
MARGATE FL 33063

Mailing Address
6993 NW 6 COURT
MARGATE FL 33063

Document Will Be Returned to This Address

3. Date Incorporated or Qualified: 04/14/1994

3a. Date of Last Report

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0493203
Applied For
Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired
$8.75 Additional Fee Required

City & State
23

City & State
28

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

24 25 29 30

7. This corporation has elected to be governed by Chapter 607, Florida Statutes: Yes X No

9. Name and Address of Current Registered Agent

RIGHTLER, RONALD E
6993 NW 6 COURT
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 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 its 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN T
01 TITLE	D	Change Addition
02 NAME	RIGHTLER, RONALD E	
03 STREET ADDRESS	6993 NW 6 COURT	
04 CITY ST ZIP	MARGATE FL 33063	
05 TITLE	D	Change Addition
06 NAME	RIGHTLER, SHARON A	
07 STREET ADDRESS	6993 NW 6 COURT	
08 CITY ST ZIP	MARGATE FL 33063	
09 TITLE		Change Addition
10 NAME		
11 STREET ADDRESS		
12 CITY ST ZIP		
13 TITLE		Change Addition
14 NAME		
15 STREET ADDRESS		
16 CITY ST ZIP		
17 TITLE		Change Addition
18 NAME		
19 STREET ADDRESS		
20 CITY ST ZIP		
21 TITLE		Change Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		

14. I, [illegible], certify that the information supplied with this filing is accurate 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 a director or officer 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 above, or on an attachment with an address.

SIGNATURE: [signature] 3.15.95 (305) 971-2313

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0104365 CP