

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$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 # **P94000033744 (1)**
 1. Corporation Name

S & Y MARKETING, INC.



Principal Place of Business: **1302 BENNETT DRIVE SUITE 1 LONGWOOD FL 32750**
 Mailing Address: **1302 BENNETT DRIVE SUITE 1 LONGWOOD FL 32750**

3. Date Incorporated or Qualified: **05/02/1994**
 3a. Date of Last Report: **02/08/1995**
 4. FEI Number: **59-3240749**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$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: Yes No

2. Principal Place of Business: **3742 FALLING LEAF LANE**
 Suite, Apt. #, etc.:
 21 **3742 FALLING LEAF LANE**
 22
 City & State: **ORLANDO FLORIDA**
 23
 Zip: **32810** Country: **U.S.A.**
 24
 2a. Mailing Address: **3742 FALLING LEAF LANE**
 Suite, Apt. #, etc.:
 26
 City & State: **ORLANDO FLORIDA**
 28
 Zip: **32810** Country: **U.S.A.**
 29

9. Name and Address of Current Registered Agent
SPRATT, IAN R *
1302 BENNETT DRIVE
SUITE 1
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
 81 Name: **(as left) ***
 82 Street Address (P.O. Box Number is Not Acceptable): **3742 FALLING LEAF LANE**
 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: **Ian R. Spratt** DATE: **26 July '96**

12. OFFICERS AND DIRECTORS

TITLE	PSD *	<input type="checkbox"/> DELETE
NAME	SPRATT, IAN R *	
STREET ADDRESS	416 SEAWILLOW DRIVE	
CITY - ST - ZIP	KISSIMEE FL 34743	
TITLE	YTD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, SUSAN	
STREET ADDRESS	416 SEAWILLOW DRIVE	
CITY - ST - ZIP	KISSIMEE FL 34743	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	* (as left) *	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	* (as left) *	
13 STREET ADDRESS	3742 FALLING LEAF LANE	
14 CITY - ST - ZIP	ORLANDO FL 32810	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: **Ian R. Spratt** DATE: **26 July '96** 407-2951097
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)