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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041992 (6)

VEHICLE MARKETING SERVICES, INC.

Principal Place	e of Business	S	Ma	Maifing Address								
8072 VILLA PORTOFINO CIRCLE BOCA RATON FL 33434				9072 VILLA PORTOFINO CIRCLE BOCA RATON FL 33496-1752								
								3. Date Incorporated or Qualified 06/06/1994		ate of Last R 06/1996	leport	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For				
21				26				65-0514961 Not Applicable				
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State				City & State				6. Election Campaign Financing \$5.00 May Be				
23				28				Trust Fund Contribution Added to Fees				
`	Zip Country			Zip Cou			o, this corporation has fall		y for intangible tax under s. 199.032,			
24		25		29 30				Florida Statutes Yes V No				
		and Address of Curr	ent Hegist	erea Ageni		81	T	10. Name and Address of New Reg	istered a	Agent		
		NICHOLAS			•	81	Name					
9072 VILLA PORTOFINO CIRCLE BOCA RATON FL 33434						82	Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
						83						
						84	City			05 7:	O- d-	
						64	City		FL	85 Zip	Code	
OTTIÇE OF F	edistered adi	ons of Sections 607.00 ent, or both, in the Sta th, and accept the obli	ie of Florida	a. Such change was	authorize	a bi	v the corpo	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of the app	changing it ointment as	is registered registered	
SIGNATURE												
12.	Signature, typed	or printed name of registered a OFFICERS A				d Age	ent signature re	quired when reinstating)	DATE	DIDECTOR	20 111 40	
TITLE	D	OFFICERSA	NO DINEC	DELETE	13.	3 E	· I	ADDITIONS/CHANGES TO OFFIC	HS ANL	Change	Addition	
NAME	MONTELEONE, NICHOLAS			12 N/							L_ ADGIDON	
STREET ADDRESS 9072 VILLA PORTOFINO CIRCLE							ADDRESS				<u> </u>	
CITY-ST-ZIP		TON FL 33434	OLL									
TITLE	D	ITON I'L GOTOT	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	2 1 Ti		ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	_	ONE, PAMELA S		, Dece 10	22 N					☐ Onlinge		
STREET ADDRESS		A PORTOFINO CIR	CLE				ADDRESS				İ	
OITY-ST-ZIP BOCA RATON FL 33434							SI-ZIP					
TITLE	שטטא ואי	HONTE BOTOT		DELETE	3.1 TI		51-712			Change	Addition	
NAME					3.2 N/					C_1 onlings		
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP							S1-ZIP					
TITLE				DELETE	4,1 11		317-211			Change	Addition	
NAME					4. 2 N						223 1 100 110 11	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					4.4 CI							
TITLE				DELETE	5.1 Tr	_	-		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME					5.2 N/	AME				-		
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					5.4 CI		·					
TITLE		· · · · · · · · · · · · · · · · · · ·	·	DELETE	6.1 TI					Change	Addition	
41414T							1					

6.3 STREET ADDRESS

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.