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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000051247 (2)

1. Corporation Name:

CONSUMER MARKETING GROUP, INC.

Principal Place of Business

4400 INVERRARY BLVD
SUITE 200
LAUDERHILL FL 33319
US

Mailing Address

4400 INVERRARY BLVD
SUITE 200
LAUDERHILL FL 33319-4198
US



3. Date Incorporated or Qualified
07/07/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4300 N. UNIVERSITY DR.

2a. Mailing Address

26 4300 N. UNIVERSITY DR.

Suite, Apt. #, etc.

22 SUITE B-205

Suite, Apt. #, etc.

27 SUITE B-205

City & State

23 LAUDERHILL, FL

City & State

28 LAUDERHILL, FL

Zip

24 33351

Country

25 BROWARD

Zip

29 33351

Country

30 BROWARD

9. Name and Address of Current Registered Agent

SCHULER, JAMES F.
4400 INVERRARY BLVD SUITE 200
LAUDERHILL FL 33319

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 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

Signature, typed or printed name of registered agent and sec. if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME SCHULER, JAMES F.

STREET ADDRESS 4440 INVERRARY BLVD SUITE 200
CITY-ST-ZIP LAUDERHILL FL

1.2 CITY-ST-ZIP

1.3 STREET ADDRESS

NAME PS

STREET ADDRESS 4400 INVERRARY BLVD SUITE 200

CITY-ST-ZIP LAUDERHILL FL

1.4 CITY-ST-ZIP

1.5 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 CITY-ST-ZIP

1.7 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

1.8 CITY-ST-ZIP

1.9 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

1.10 CITY-ST-ZIP

1.11 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

1.12 CITY-ST-ZIP

1.13 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

1.14 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 4300 N. UNIVERSITY DR, SUITE B-205

1.4 CITY-ST-ZIP LAUDERHILL, FL 33351

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS 4300 N. UNIVERSITY DR. SUITE B-205

2.4 CITY-ST-ZIP LAUDERHILL, FL 33351

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0279241

CR2E034 (9/96)