

**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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000059553 (5)**  
1. Corporation Name  
**SOLID MARKETING AND RESPONSE TECHNOLOGIES, INC.**



Principal Place of Business: **909 PINEAPPLE DRIVE SOUTH DAYTONA FL 32119**  
Mailing Address: **909 PINEAPPLE DRIVE SOUTH DAYTONA FL 32119**

|   |                  |                     |             |   |  |
|---|------------------|---------------------|-------------|---|--|
| 2. Principal Place of Business                  |                  | 2a. Mailing Address |             | 3. Date Incorporated or Qualified<br><b>08/11/1994</b>                          | 3a. Date of Last Report<br><b>05/01/1995</b>                   |
| 21. Suite, Apt # etc                            | 22. City & State | 23. Zip             | 24. Country | 4. FEI Number<br><b>59-3280554</b>  | Applied For Not Applicable <input checked="" type="checkbox"/> |
| 25. Suite, Apt # etc                            | 26. City & State | 27. Zip             | 28. Country | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>                          |
| 29. Suite, Apt # etc                            | 30. City & State | 31. Zip             | 32. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>                             |
| 9. Name and Address of Current Registered Agent |                  |                     |             | 10. Name and Address of New Registered Agent                                    |  |

|   |  |  |  |  |           |
|---|--|--|--|--|-----------|
| <b>LEWIS, ABNER RICHARD</b><br><b>909 PINEAPPLE ROAD</b><br><b>SOUTH DAYTONA FL 32119</b> |  |  |  | 81. Name   |           |
|   |  |  |  | 82. Street Address (P.O. Box Number is Not Acceptable) |           |
|   |  |  |  | 83. City   |           |
|   |  |  |  | 84. State  | <b>FL</b> |
|   |  |  |  | 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 *RICHARD LEWIS President*

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEWIS, ABNER RICHARD</b>              | 1.2 NAME  |   |
| STREET ADDRESS             | <b>909 PINEAPPLE ROAD</b>                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SOUTH DAYTONA FL</b>                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Richard Lewis* **RICHARD LEWIS** 6-7-96 904-788-0327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (3/96)