FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000063668 (5)**

1. Corporation Name

IN THE MARKET, INC.

Principal Place of Business
990 LEWIS DRIVE
WINTER PARK FL 32789

Mailing Address
P.O. BOX 879
WINTER PARK FL 32790

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-3304819 — ☐ 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
21 237 Lookout Pl.
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Maitland, FL.
Zip
24 32751
Country
25 Orange

2a. Mailing Address
26 P.O. 1646
Suite, Apt. #, etc.
27
City & State
28 Maitland, Fl.
Zip
29 32794
Country
30 Orange

9. **Name and Address of Current Registered Agent**

ICARDI, JEFFREY A
990 LEWIS DRIVE
WINTER PARK FL 32789

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ICARDI, JEFFERY A	
STREET ADDRESS	P.O. BOX 879 NA	
CITY-ST-ZIP	LAKE MARY FL 32790	
TITLE	DST	☐ DELETE
NAME	KULMAN, CHAS E	
STREET ADDRESS	1421 NOTTINGHAM ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	DV	☐ DELETE
NAME	SEAS, ROSEAL	
STREET ADDRESS	515 N FERNCREEK AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	DV	☐ DELETE
NAME	LORCH, PAUL S	
STREET ADDRESS	2552 CITRUS CLUB LANE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	DV	☐ DELETE
NAME	FIDWELL, MARK A	
STREET ADDRESS	NO 1009	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	JEFFREY	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	Sears, Robert A. M	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	Tidwell	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pres. 4/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)