

FILE NOW: FILING FEE AFTER MAY 1 IS \$650.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Candra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JUL 10 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063668
1. Corporation Name

IN THE MARKET, INC.

Principal Place of Business Mailing Address
237 Lookout Place P. O. Box 1656
Suite 100 Maitland, FL 32794-1656
Maitland, FL 32751

2. Principal Place of Business 2a. Mailing Address
1 Suite, Apt. #, etc. 2a Suite, Apt. #, etc.
2 City & State 2b City & State
2 Zip 2c Country 2d Zip 2e Country

3. Date Incorporated or Qualified 08/25/1994 3a. Date of Last Report 04/12/96
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ICARDI, JEFFREY A.
990-Lewis-Drive 237 Lookout PL, Ste 100
Winter-Park, FL-32789 Maitland, FL 32751

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 officer 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 file if applicable (NOTE: Registered Agent signature required when resigning) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	11 TITLE	DP ☒ Change ☐ Addition
NAME	ICARDI, JEFFREY A.	12 NAME	ICARDI, JEFFREY A.
STREET ADDRESS	237 Lookout Place, Suite 100	13 STREET ADDRESS	237 Lookout Place, Suite 100
CITY-ST-ZIP	Maitland, FL 32751	14 CITY-ST-ZIP	Maitland, FL 32751
TITLE	DST ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Kulman, Charles E.	22 NAME	400002240044--0
STREET ADDRESS	1421 Nottingham Street	23 STREET ADDRESS	-07/16/97--01109--002
CITY-ST-ZIP	Orlando, FL 32803	24 CITY-ST-ZIP	****165.00 ****165.00
TITLE	DV ☐ DELETE	31 TITLE	DV ☒ Change ☐ Addition
NAME	Seans, Robert	32 NAME	Sears, Robert D.M.
STREET ADDRESS	515 N. Ferncreek Ave	33 STREET ADDRESS	515 N. Ferncreek Ave
CITY-ST-ZIP	Orlando, FL	34 CITY-ST-ZIP	Orlando, FL
TITLE	DV ☒ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Lorch, Paul S.	42 NAME	
STREET ADDRESS	Citrus Club Lane	43 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32809	44 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Tidwell, Mark A.	52 NAME	
STREET ADDRESS	1135 Lake Avenue	53 STREET ADDRESS	
CITY-ST-ZIP	Clermont, FL	54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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

(407) 647-1859