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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400094087 (1)  1. Corporation Name  EATON MARKETING ASSOCIATES, INC.				T 103 NOTE OF THE CONTRACT AGENT	I A DIJA BAHIR IBILI	: 21811 88161	(8)31 (88) i88):
Principal Place	of Business	Mailing Address					18111 1881 1881
4902-D CREEKSIDE DRIVE CLEARWATER FL 34620		4902-D CREEKSIDE DRIVE CLEARWATER FL 34620					
				3. Date Incorporated or Qualified 01/01/1995	3a. Date	of Last Re	port
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59 96			pplied For lot Applicable
1		26 Suite, Apl. #, etc.		3 1 3-33 14			Additional
Suite, Apt. i	#, €IC.	27		5. Certificate of Status Desired		• -	tequired
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax	under s	199.032,
4	25	29	30		s □No		
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New	Registered A	gent	····
A	A TIME MILE MAILE.	, A ATENI					
GIBBONS, TUCKER, MILLER, WHATLEY 101 E. KENNEDY BLVD. STE. 1000 TAMPA FL 33602		Y & STEIN	82 Street Ac	ddress (P.O. Box Number is Not Accepta	ble)		
		83					
IAMPA	FL 33602					<del></del>	
			<b>84</b> City		FL	<b>85</b>   Zp	Code
11. Pursuant to or register familiar wi	to the provisions of Sections 607.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	n2 and 607.1508, Florida Sta rida. Such change was autho ction 607.0505, Florida Statu	tutes, the above named corporation's bites.	coration submits this statement for the pu cord of directors. I hereby accept the app		nging its re registered	egistered office agent. I am
familiar wi SIGNATURF	th, and accept the obligations of, Sec Signature, typed or printed name of registered age	ction 607.0505, Florida Statu	tutes, the above-named corporation's bites.  (MOTE Registers) April squart zeros		irpose of char ocintment as r DATE FICERS AND	DIRECTO	RS IN 12
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ated 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 ctor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if changed or on an attachment with an address. certify that the information indicated or oath; that I am an officer or director of appears in Block 12 or Block 12 if sha

SIGNATURE: