FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BRISTOL MARKETING STRATEGIES, INC.

Principa! Place of Business

Mailing Address

20 Island Avenue Mami Beach, FL	., Suite 1217 33139			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address			James 18, 1995	Applied For
 -	26. Intelling Address			65-0549877	Not Applicable
Suite Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
2	City & State				
City & State	ê '			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	28 Zip	Country	r	8. This corporation has liability for i	
25	29	30			Yes No
	of Current Registered Agent	1001		10. Name and Address of New Re	gistered Agent
		81	Name E	Hiso	
Ellen Baistol 20 Island Ave., Suite 1217 Miani Baach FL 33139			Street Add	Idress (P.O. Box Number is Not Acceptable)	
20 Island Ave.,	Suche 1217	83			
Miani Beach FL 33137		Ĺ.	<u>.</u>		
7.000.00		84	City		FL 85 Zip Code
SIGNATURE	The obligations of Section 607.0505, FI			wrod when reinstahing)	DATE
12. OF FI	ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
THE PRESIDENT	☐ DELETE	117IIIf			☐ Change ☐ Addition
NAME (COLO)	TOL	1.2 NAME			
STREET ADDRESS OF IS land AND	, sure (61)	13 STREET	ADDRESS		
ACTU AT NO. MARKAGE FOR A A.	M	14 C/1Y-	ST-ZIP		
TITLE VICE President NAME Michael L. Per	DELETE	211111[☐ Change ☐ Additio
NAME Michael 2	S. 101217	2.2 NAME			
STREET ADDRESS CHY.ST-7IP Wiami Beach	E 18129		ADDRESS		
OHT OF ZH	DELETE	2 4 CITY - 3 1 TITLE	ST-ZIP		Change Additio
TITLE Secretary		3.2 NAME			المامات والمام وراع
NAME FIJEN BRISTO STREET ADDRESS 20 IS but AV	Suite 1217		ADDRESS		- N
CITY-SI-ZIP Mani Beach	6 . Pl. 33139	3 4 CITY	ST-70°		\mathcal{N}
TITLE Treasurer	DELFTE	4.1 TO LE	<u> </u>		Charting Ladding
TITLE TREASURER Michael L. 1	terillard	4. 2 NAME			V///K/V
STREET ADDRESS 20 Island H	4., fute 1217 4 = C 33139	4.3 STREE	I ADDRESS		~\\\\
CITY-ST-ZIP Miami Beac	4 1-6 33137	4.4 CITY-	S1 - ZIP		
TITLE	☐ DELETE	51 TITLE			Change And tio
NAME		5.2 NAME		00000216	
STREET ADDRESS			I ADDRESS	-05/06/97010)66 058
CITY-ST-ZIP	DELETE	54 C(1Y)	SI ZIP	** *165.00	Change Additio
1itLE	C biteit	6 1 TITLE 6 2 NAME			CT outside CT Montro
NAME CTORCY ADDRESS			1 ADDRESS		
STREET ADDRESS		0351Mt:	Ce mudet		

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.

April 28, 1997

May 01 1997 8:00am

Secretary of State