

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006266 (7)

1. Corporation Name

FINANCIAL MARKETING NETWORK, INC.



Principal Place of Business

1202
824 E. VINE STREET
KISSIMMEE FL 34744

Mailing Address

824 E. VINE STREET
KISSIMMEE FL 34744
P.O. Box 422221
Kissimmee, FL 34742-2221

3. Date Incorporated or Qualified

01/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1202 E. VINE ST.

26 P.O. Box 422221

4. FEI Number

59-3287441

Applied For

Not Applicable

22 Suite, Apt. #, etc.
Kissimmee, FL

27 Suite, Apt. #, etc.
Kissimmee, FL

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

23 City & State
34744

28 City & State
34742-2221

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

24 Zip
Country
USA

29 Zip
Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

□ Yes

X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRESPO, EDWIN
824 E. VINE STREET
KISSIMMEE FL 34744

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1202 E. VINE ST
Kissimmee, FL

84 City

FL

85 Zip Code

34744

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning.)

DATE

Edwin Crespo - President 4/11/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CRESPO, EDWIN
824 E. VINE STREET
KISSIMMEE FL 34744

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

□ DELETE

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

□ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1202 E. VINE ST
Kissimmee, FL 34742-2221

X Change □ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

□ Change □ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

□ Change □ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

□ Change □ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

□ Change □ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

□ Change □ Addition

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)(4), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 407-847-0070

CR2E034 (12/95)