FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000006266 (7)**

1. Corporate Name
FINANCIAL MARKETING NETWORK, INC.

Principal Place of Business
1202 E. VINE STREET
KISSIMMEE FL 34744
US

Mailing Address
P.O. BOX 422221
KISSIMMEE FL 34742-2221
US

2. Principal Place of Business
21 | 22 | 23 | 24 | 25 |
Street, Apt. #, P.O.
City & State
Zip | Country

2a. Mailing Address
26 | 27 | 28 | 29 | 30 |
Street, Apt. #, P.O.
City & State
Zip | Country

3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report
04/17/1996

4. FEI Number
59-3287441
☐ 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

9. Name and Address of Current Registered Agent

CRESPO, EDWIN
1202 E. VINE STREET
KISSIMMEE FL 34744

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 Section 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. OFFICER/DIRECTOR

01 TITLE	D	☐ DELETE
02 NAME	CRESPO, EDWIN	
03 STREET ADDRESS	1202 E. VINE STREET	
04 CITY ST ZIP	KISSIMMEE FL	
21 TITLE		☐ DELETE
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ DELETE
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ DELETE
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ DELETE
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ DELETE
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (9/96)

14. I am the president or other 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 above, or on an attachment with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 DATE

(407)847-0070 TELEPHONE NUMBER

0465865