

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

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|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 Amended | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT # **P9500000626b**
1. Corporation Name
FINANCIAL MARKETING NETWORK INC

Principal Place of Business Mailing Address
**2870 Old Canoe Creek Rd.
St. Cloud 34772**

FILED

98 OCT 20 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-3287441 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | Trust Fund Contribution | | <input type="checkbox"/> | |
| 23 | | 28 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

Edwin Crespo
2870 Old Canoe Creek Rd
St. Cloud, Florida 34772

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

Edwin Crespo

10-12-98

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 12 NAME | Edwin Crespo |
| STREET ADDRESS | | 13 STREET ADDRESS | 2870 Old Canoe Creek Rd |
| CITY-ST-ZIP | | 14 CITY-ST-ZIP | St. Cloud FL 34772 |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 22 NAME | Vice President |
| STREET ADDRESS | | 23 STREET ADDRESS | Mike Sills |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | 1324 Patricia St Kissimmee, FL 34744 |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 32 NAME | Secretary |
| STREET ADDRESS | | 33 STREET ADDRESS | Gilda Crespo |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | 2870 Old Canoe Creek Rd St. Cloud FL 34772 |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I 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

Date

Daytime Phone #

Mike Sills **10-12-98** **407-973-7472**

CR2E034 (10/97)