SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

STREET ADDRESS

SIGNATURE:

DOCUMENT #

P95000008554 (4)

Mailing Address

ODEATH/E	MADKETING	Q	MANAGEMENT	INC.
CREATIVE	MAKKETING	α	IMMIAMOEIMEITI	11170-

Principal Place of Business 2867 SO. CONWAY ROAD STE. 217 2867 SO. CONWAY ROAD STE. 217 ORLANDO FL 32812 ORLANDO FL 32812 3a. Date of Last Report 3. Date Incorporated or Qualified 01/30/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 59-3295168 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt #, etc. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199 032, Country Zip Yes No Zip 30 29 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name DANN, GERALD E Street Address (P.O. Box Number is Not Acceptable) 82 2867 SO. CONWAY ROAD STE. 217 ORLANDO FL 32812 83 Zip Code 84 City 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. (NOTF_Bugistered Agent signature required when reinstating) SIGNATURE Signature, typeo or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) 13. OFFICERS AND DIRECTORS Change ____ Addition 12. DELETE 11 TITLE TITLE CR2E034 1.2 NAME DANN, GERALD E NAME C/O 2867 SO. CONWAY ROAD STE. 217 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST-71P ORLANDO FL 32812 Change Addition CITY - ST - ZIP DELETE 21 TIFLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 41 THLE TITLE 4 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIF DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS 54 City - ST- ZIP Change Addition CITY-ST-ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

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)(k). Florida Statutes 1 further certify that the information indicated on this arrhual 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 617. Florida Statutes, and that my name appears in Block 12 or the corporation or an attachment with an address.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davisto Phone # 0141943