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Feb 12 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 # P95000017998 (2)

1. Corporation Name

SUNSTATES MARKETING ASSOCIATES, INC.



Principal Place of Business

1125 U.S. HIGHWAY 98 SOUTH
SUITE 200
LAKELAND FL 33801

Mailing Address

1125 U.S. HIGHWAY 98 SOUTH
SUITE 200
LAKELAND FL 33801-5846

3. Date Incorporated or Qualified
03/02/1995

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3314907

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

10. Name and Address of New Registered Agent

ST. JOHN, JOSEPH P
1125 US HWY. 98 S. #200
LAKELAND FL 33801

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 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 the 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME ST. JOHN, JOSEPH
STREET ADDRESS 1125 U.S. HIGHWAY 98 SOUTH, SUITE 200
CITY-ST-ZIP LAKELAND FL 33801

1.1 TITLE PT
1.2 NAME St. John, Joseph P
1.3 STREET ADDRESS 1823 Sandy Knoll Circle
1.4 CITY-ST-ZIP Lakeland FL 33813

TITLE V
NAME CAREY, JAMES E III
STREET ADDRESS 1125 U.S. HIGHWAY 98 SOUTH, SUITE 200
CITY-ST-ZIP LAKELAND FL 33801

2.1 TITLE VS
2.2 NAME Carey, James E III
2.3 STREET ADDRESS 617 Powder Horn Row
2.4 CITY-ST-ZIP Lakeland FL 33809

TITLE S
NAME WRIGHT, RANDY
STREET ADDRESS 1125 U.S. HIGHWAY 98 SOUTH, SUITE 200
CITY-ST-ZIP LAKELAND FL 33801

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Date

941-686-1400

Daytime Phone

CR2034 (9/96)