FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION **FILED** Sandra B. Mortham ANNUAL REPORT Secretary of State May 01, 1996 08:00 AM 1996 DIVISION OF CORPORATIONS **Secretary of State** DOCUMENT # P95000025885 (1) J MARKETING, INC. Principal Place of Business Mailing Address 2023 GAMBOGE DR P O BOX 721056 ORLANDO FL 32822 ORLANDO FL 32872 3. Date incorporated or Qualified 3a. Date of Last Report 04/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3309302 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country This corporation has liability for intangible tax under s. 199,032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 LYNCH, JOSEPH F 82 Street Address (P.O. Box Number is Not Acceptable) 2023 GAMBOGE DR 83 ORLANDO FL 32822 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered office agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am failliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature hypediox period caree of registered as extendists in a local content of the property of th DATE OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRESIDENT DELE 14 U. 1. Till. 6 ☐ Change ☐ Addition NAME JOSEPH F. Lyven 2023 GAMPOGE DRIVE 1.2 NAME STREET ADDRESS 13 STREET ADDIRESS ORLMOD, FL 32822 CHTY - ST - ZiF 1.4 CITY - ST. ZIP TIFLE [] DELETE 2 1 1111.6 Change Addit.on NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CiTY - \$1 - ZiP TITLE DELETE 3 1 TITLE Change ■ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 C(TY - \$1 - Z)F TITLE □ DELETE 4 1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 300001824373 CITY-57-ZIP 44 CITY - ST ZIP -05/16/96=-01038---0 DELETE 5 17/06 Add-tion ***200.00 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ACORESS CITY - ST-ZIP 54 City ST-7iP TITLE DELETE 6 1 TITLE NAMÉ 6.2 NAME STREET ADDRESS BRANCA TEENTRE 6 CITY - ST - ZIP 64 CHY-ST ZiP 14. I do hereby certify that the information supplied with this filing is vokuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 control in Proceedings of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

GOH F. LYNCH SELL LINE 4/19/96 407-273-4845