

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

FILED  
Mar 13 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000040275 (6)**

1. Corporation Name  
**TODD MARKETING GROUP, INC.**



Principal Place of Business <b>611 ORLEANS AVE S TAMPA FL 33606 US</b>	Mailing Address <b>23110 SR 54. #361 LUTZ FL 33549-6933</b>
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3. Date Incorporated or Qualified <b>05/16/1995</b>	3a. Date of Last Report <b>06/25/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**SU ORLEANS AVE S.**  
**TAMPA FL**  
**33606**

4. FEI Number <b>59-3315785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SOLOMON, STANFORD R.  
101 E. KENNEDY BLVD., SITE 1818  
TAMPA FL 33602**

10. Name and Address of New Registered Agent	
81 Name <b>Solomon E Benedict PA</b>	85 Code <b>33602-4300</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3000 National Bank Plaza</b>	
83 City <b>400 N. Ashley Dr</b>	
84 City <b>Tampa</b>	85 Code <b>FL 33602-4300</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, ROBERT F</b>	
STREET ADDRESS	<b>8002 MAYS ST.</b>	
CITY-ST-ZIP	<b>AMARILLO TX 79109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, TROY D</b>	
STREET ADDRESS	<b>8446 SHAWANEE TRAIL</b>	
CITY-ST-ZIP	<b>SMYRNA GA 30080</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERRERA, SAM M</b>	
STREET ADDRESS	<b>1420 WIND JAMMER LOOP</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E034 (9/96)