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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 24 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000049723 (6)

VIPER MARKETING CORP.

SIGNATURE

Principal Place of Rusiness 4257 NE 6TH AVENUE FORT LAUDERDALE FL 33334		Mailing Address 4257 NE 6TH AVENUE FORT LAUDERDALE FL 33334-3122					
					3. Date Incorporated or Qualified 06/22/1995	3a. Date of Last I 04/12/1996	
2. Principal Place of Business 21	26	a. Maiting Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number 65-0594046	├├ -	applied For lot Applicable
Suite, Apt. #, etc. 2	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional Required
City & State	26	City & State			Election Campaign Financing Trust Fund Contribution		May Be I to Fees
4 25	ountry 29	····	Countr	ý		Yes No	s. 199.032,
	ddress of Current Reg	istered Agent		т ':	10. Name and Address of New Re	gistered Agent	
IANNONE, TONY			81	Name			
4257 NE 6TH AVENU FORT LAUDERDALE			82 83		lress (P.O. Box Number is Not Acceptab	ole)	
			84	City		85 Zip	Code
				'		FL	
office or registered agent, or agent 1 am fumiliar with, and	both, in the State of Fic accept the obligations	orida: Such change was of, Section 607.0505, F	authorized b lorida Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accep	ot the appointment a	s registered
	Frame of registration against and r			ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DC IN 10
	OFFICERS AND DIR	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	
IANNONE, TON	NY	C Dittit	1.2 NAME			Change	Additio
ATRICE ARCHERS 4257 NE 6TH /				!			
EODT LAUDED	DALE FL 33334			T ADDRESS			
TSD		DELETE	1.4 CITY- 2.1 TITLE	51-21		Change	Additio
POWELL, SHE	ЦΥ		2.2 NAME			c.i.a.i.ge	
TRIET ADDRESS. 4257 NE 6TH A				T ADDRESS			
EODT LAUDED	DALE FL 33334			1			
dr-SI-ZIP FORT LAODEN		DELETE	2 4 CITY- 3.1 TITLE	51-21		Change	Additio
AM-			3.2 NAME			Language	tana riaania
OBEET ADDRESS				T ADDRESS			
oth St Zif			3.4. City				
IR	+ - + n	DELETE	4.1 TITLE	51-211		Change	Additio
,2N;			4. 2 NAME				
STREET ADDINGS to				T ADDRESS			
STY ST ZIP			4.4 CITY-	1			
The!		DELETE	51 TITLE	VI 21		Change	Additio
JW!		•	5.2 NAME			_ ,	
SIRFFI ADELESS				T ADDRESS			
(HY - \$1 - ZIF)			5.4 CITY-	-			
101		DELETE	6.1 TITLE			☐ Change	☐ Additio
4.00			6.2 NAME				
STREET ADDRESS /		/		T ADDRESS			
CHY+SI-ZIP	1	//	6.4 CITY-				
14. I do hereby certify that the in	formation supplied with	this filing does not out	lify for the ex	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify tha	at the
information indicated on this	annual report or supple	montal applied report is	true and acc	urate and tha	nt my signature shall have the same lega ort as required by Chapter 607, Florida S	il effect as if made u	nder oath; th

HINTED NAME OF SIGNING OFFICER OR DIRECTOR