

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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050119
1. Corporation Name
The Bosset Partners Marketing, Inc.

Principal Place of Business Mailing Address
1230 S. Myrtle Ave, Ste 401
CLEARWATER, FL 34616

3. Date Incorporated or Qualified 6-23-95
3a. Date of Last Report 11-8-96
4. FEI Number 59-3321407
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

2. Principal Place of Business 2a. Mailing Address
21 1365 Hamlet Ave 26 1365 Hamlet Avenue
22 City & State 27 City & State
23 CLEARWATER, FL 28 CLEARWATER, FL
24 Zip 25 Country 29 34756 30 Country

9. Name and Address of Current Registered Agent
DAVID T. BOSSET
1230 S. Myrtle Ave, Ste 401
CLEARWATER, FL 34616

10. Name and Address of New Registered Agent
81 Name Eugene P. Castagliuolo
82 Street Address (P.O. Box Number is Not Acceptable) 1365 Hamlet Avenue
83
84 City CLEARWATER FL 85 Zip Code 34756

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 Eugene P. Castagliuolo *Eugene P. Castagliuolo* DATE 4-29-97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input checked="" type="checkbox"/> DELETE
NAME	DAVID T. BOSSET
STREET ADDRESS	1230 S. MYRTLE AVE, Ste 401
CITY-STATE-ZIP	CLEARWATER, FL 34616
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ROY D. QUINN
23 STREET ADDRESS	1365 HAMLET AVENUE
24 CITY-STATE-ZIP	CLEARWATER, FL 34756
31 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JULIA WHEATON
33 STREET ADDRESS	1365 HAMLET AVENUE
34 CITY-STATE-ZIP	CLEARWATER, FL 34756
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	800002178638
63 STREET ADDRESS	-05/14/97--01102--004
64 CITY-STATE-ZIP	***165.00

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 included 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 in an attachment with an address.

SIGNATURE: *Roy D. Quinn* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roy D. QUINN
Date 4-29-97 Daytime Phone # 813-298-0064

CR2E034 (9/96)