

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000051035 (0)

1. Corporation Name  
AAC MARKETING, INC.

Principal Place of Business

3701 C.R. 544  
HAINES CITY FL 33844

Mailing Address

3701 C.R. 544  
HAINES CITY FL 33844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1995	
21		26		4. FEI Number 58-2190093	Applied For Not Applicable
22	Suite, Apt. #, etc. 1930 Lars Sjoberg Blvd.	27	Suite, Apt. #, etc. 1930 Lars Sjoberg Blvd.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

SCHMIDT, SYLVESTER  
3701 C.R. 544  
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
1930 Lars Sjoberg Blvd.  
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, SYLVESTER	1.2 NAME	
STREET ADDRESS	2558 ROBERT TRENT JONES DR., APT. 1411	1.3 STREET ADDRESS	108 LakeRegion Blvd., North
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVANT, DAVID	2.2 NAME	V, T, S
STREET ADDRESS	121 LAKE OTIS RD.	2.3 STREET ADDRESS	1152 Interlochen Blvd.
CITY-ST-ZIP	WINTER HAVEN FL 33884	2.4 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIGNER, CHRISTIAN	3.2 NAME	
STREET ADDRESS	130 GLENWOOD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SJOBOG, LARS	4.2 NAME	
STREET ADDRESS	HORNSTRASSE 3 D080797	4.3 STREET ADDRESS	
CITY-ST-ZIP	MUNICH GERMANY	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHN, OTTO	5.2 NAME	D
STREET ADDRESS	HORNSTRASSE 3	5.3 STREET ADDRESS	Leist, Manfred
CITY-ST-ZIP	D-80797 MUNICH GERMANY	5.4 CITY-ST-ZIP	Hornstrasse 3
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D-80797 Munich Germany
NAME	SCHMIDT, SYLVESTER	6.2 NAME	
STREET ADDRESS	2558 ROBERT TRENT JONES DR., APT. 1411	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	6.4 CITY-ST-ZIP	

14. I 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]*

David C. Savant

3/6/98 941-421-7700

CR2E034 (10/97)