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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500063170 (1)

NATIONAL ASSOCIATION MARKETERS, INC.

Principal Place of Business

Mailing Address

152 NORTH COVE DRIVE PONTE VEDRA BEACH FL 32082

P.O. BOX 2905 PONTE VEDTA BEACH FL 32004-2905

FILED Apr 18 1997 8:00am Secretary of State



					3. Date Incorporated or Q		te of Last Report	
					08/15/1995	04/0	4/1996	
<u> </u>	lace of Business	2a. Mailing Addres	is		4, FEI Number		Applied For	
21 26 Suite And World			o Apt # etc		59-3332360		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status De	sired 🗌	\$8.75 Additional Fee Required	
City & Stat	е	City & State	City & State		6. Election Campaign Fina	incing	\$5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Co	untry	8. This corporation has lia			
24	25	29	30		Florida Statutes	Yes [
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered A	gent	
	SH, WILLIAM F			B1 Nam	e			
1173 SALT MARSH CIR.				82 Stree	2 Street Address (P.O. Box Number is Not Acceptable)			
PONTE VEDRA BEACH FL 32082								
				83				
				84 City		FI	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 agreed and sile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES T		DIRECTORS IN 12	
TITLE	PT	DELE	TE 11T	ITLE	T:		Change Addition	
NAME	WALSH, WILLIAM F		1.2 h	NAME	1.		1	
STREET ADDRESS	1173 SALT MARCH CIRCLE		1.3 \$	STREET ADDRESS	5			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3208	12		City - St - ZiP				
TITLE	VO	DELE					Change Addition	
NAME	WALSH, WINIFRED M		22 N	IAME				
STREET ADDRESS	1173 SALT MARSH CIRCLE			STREET ADDRESS			}	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3208	2		CITY-ST-ZIP			ļ	
TITLE	S	DELE				<u>-</u>	Change Addition	
NAME	WALSH, BRIANA K		3.2 /	NAME			-	
STREET ADDRESS	1173 SALT MARSH CIRCLE			TREET ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082			CITY-ST-7IP				
TITLE	D	DELE					Change Addition	
NAME	WALSH, JENNIFER M	_	1	NAME	1	_	-	
STREET ADDRESS	1173 SALT MARSH CIRCLE			STREET ADDRESS				
CITY-ST-ZIP	PONTE VERDA BCH FL 32082			CITY-ST-ZIP	1		1	
TITLE	11: VENDE DOLLE DEVOK	DELE			1		Change Addition	
NAME			5.2 N					
STREET ADDRESS				rani. Street address				
CITY-ST-ZIP				STREET ADVISESS STY-\$1-ZIP	'		1	
TITLE		DELE			-		Change Addition	
NAME			6.2 N			L	Surange ricottion	
STREET ADDRESS				TREET ADDRESS	'			
City-ST-ZIP		with this Client days and	■ 6.4 C	PTY-S1-ZIP	atatad in Contine 140 07(0)(i) Finish	Otational Court		

I do hereby certify that the information supplied with this filling 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 armual 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 that the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

4-14-97

90x-285-5740