SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	996 S	DIVISION OF CO	ORFIORATIONS		
DOCUMENT # P9500065408 (3)  ALMAN MARKETING COMPANY, INC.				E NERSYARA ING NAME ANNI ARINI RAWI RAWI RAWI RAWI RAWA ANNI RAWA ANNI RAWA	
Principal Place	of Business	Mailing Address			
•		·			
611-109 CHESTNUT OAK CIRCLE ALTAMONTE SPRINGS FL 32701		611-109 CHESTNUT OAK CIRCLE ALTAMONTE SPRINGS FL 32701		\	
				3. Date Incorporated or Qualified 3a. 08/22/1995	Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3339377	Not Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangi	ble tax under s. 199 032.
24	25	29	30	Florida Statutes Yes	<u></u>
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Register	ed Agent
	urret, ronald c		B1 Name		
611-109 CHESTNUT OAK CIRCLE 82			82 Street A	ddress (PO-Box Number is Not Acceptable)	
ALTAMONTE SPRINGS FL 32701			83		
			84 City	F	EL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.	.05.02 and 607 1508, Florida Statute	s, the above named co	assertion submits this statement for the purpose	of changing its registered
016.00 0r ro	salatured exect or both in the Si	tate of Florida. Such change was a bligations of, Section 607 0505, Flo	ithorized by the corboi	orporation such its this statement for the pulpose ration's board of directors. Thereby accept the a	opointment as registered
1 -	manniar with, and accept the co	brigations or, coolien our occup, re-			
SIGNATURE	Signature: Typed or pristed numer of registero	104th state of applicable the theorem.	Requirered Agent signature re		
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PD POURDET BIOLIAND II	DELETE	1 1 TITLE		_
NAME	BOURRET, RICHARD H 201 PARK PLACE, SUITE 311 200		1.2 NAME	ZOI PARK PLACE, SUI	te zeo
STREET ADDRESS	ALTAMONTE SPRINGS FI		13 STHEET ADDRESS	201	
CITY-ST-ZIP	VD	DELETE	1.4 CHTY - ST - ZIP 2.1 TIFLE	11.00	Change Addition
TITLE	BOURRET, RONALD C		2 2 NAME		
NAME STREET ADDRESS	611-109 CHESTNUT OAK	CORCLE	2.3 STREET ADDRESS		
CITY - ST - ZiP	ALTAMONTE SPRINGS FI		2 4 CITY - ST-ZIP		
TITLE		DELETE	3 1 TVILE		Change Addition
NAME		_	3 2 NAME		•
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY-ST-ZIP		
TITLE		L DELETE	4.1 THTLE		Change Add-tion
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIF		- Delete	4.4 CITY - \$1 - ZIP		Change Addition
TITLE		DELETE	5 1 TILE		Li erang, Li risut in
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREFT ADDRESS 5 4 CITY - ST - ZIP		
CITY - S1 - ZIP TITLE		DELETE	61 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CiTY - \$1 - 7iP		

SIGNATURE: S

CITY-ST-ZIP

14. I do hereby certily that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 trie corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 it charged, or or an attrichment with an address. 407.331.4499