## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

1996 DOCUMENT #

P95000079410 (3)

MAINLINE MARKETING, INC.

Frincipal Place of Business Mailing Address

1425 AURORA ROAD #C

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1425 AURORA ROAD #C



1425 AURORA ROAD #C MELBOURNE FL 32935			1425 AURORA ROAD #C MELBOURNE FL 32935						
						3. Date Incorporated or Qualified	3a. Date		,
						10/13/1995	New	ry C	Q10
2. Principal Plac	e of Business	2a. Mailing Ad	dress			4. FEI Number			Applied For
1	0 0 1/00/1/00/1/	26	26			165-0097489			Not Applicable
Scille, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Stat	te			Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
7ιρ Country 4 25		7ip	<b></b>	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes XNo			
<b>"</b> I	9. Name and Address of C					10. Name and Address of New Registered Agent			
	. •			81	Name				-
CWAN	DOUGLAS G					(D.O. D. N. J. Blad Acceptab	Ia\		
1425 AL		82		Street Address (P.O. Box Number is Not Acceptable)					
WELBO	JRNE FL 32935			03					
				84	City		FL	85	Zip Code
					<u>L</u>	oration submits this statement for the pur ard of directors. I hereby accept the appr			ragintored office
CHCNEATHIOG	, and accept the obligations of			red Age	nt signature requir	ed when rainstating)	DATE		
12.		RS AND DIRECTORS	13	),		ADDITIONS/CHANGES TO OFF			
10.0	D		DELETE 1	TITLE				] Change	Addition
NAME	SWAN, DOUGLAS G		12	NAME					
STEEL LADDRESS	9030-G YORK LANE		1.3	STREE	T ADDRESS				
011Y+51+ZIF	WEST MELBOURNE FI	L 32904	1.4	CITY-	ST-ZIP				
TIFLE				1 TITLE			Ċ	Change	Addition
NAMe			2.2	NAME	1				
SIRELL ADDRESS			23	STREE	T ADDRESS				
C 1Y - ST- Z-P			24	CITY-	ST-ZIP				
THE			DELETE 3	1 TITLE			Ĺ	Change	e 🔲 Addition
NAME			32	NAME					
STREET ACTURESS			33	STREI	ET ADDRESS				
City - ST- ZiP			3.4	CITY -	ST-ZIP				
101,1				1 TITLE			[	Chang	e 🔲 Addition
NAME			4.3	NAME	Ì				
STREET ADDRESS			4:	3 STREE	T ADDRESS				
CHY S1-70			. 4	4 CITY -	ST-ZIP				
1 lif				1 TITLE				Chang	e 🔲 Addition
NAME		_		2 NAME					
STREET ADDRESS					T ADDRESS				
					ST-2IP				
CHY-51-ZiP Till,E				1 TITLE				Chang	e 🔲 Addition
		ت.	1	2 NAME	1			-	
NAME RANGE I MORGOGO					et address				
STREET ADDRESS					ST-ZIP				
City-St-ZiP		antinet with this flips is usl				for the exemption stated in Section 119	.07(3)(k). Fig	orida Sta	tutes. I further

14. Ldo hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Intuiting certify that the information indicated on this annual report as true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corpy fully nor 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 changes for an attachment with an address.

SIGNATURE:

UNE MAY EO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212/96 40 253 2030