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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

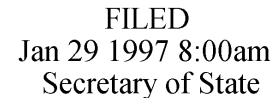
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000079410 (3)

MAINLINE MARKETING, INC.

Defendant Discount Commission	Marilliana Antalana

Mailing Address





1425 AURORA ROAD #C MELBOURNE FL 32935			1425 AURORA ROAD #C MELBOURNE FL 32835-5384					
					 Date Incorporated or Qualified 10/13/1995 	3a. Date of Last R 02/08/1996	eport	
2. Principal P	hace of Business	2a, Mailing Address		******	4. FEI Number	Aı	oplied For	
21		26			65-0627489	No	ot Applicable	
Suite Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition: Fee Required				
City & State City & State 23 28				6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to				
Zip 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No No			
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered Agent		
SWA	VN, DOUGLAS G		8.	Name				
1425 AURORA ROAD #C MELBOURNE FL 32935			82	Streel Add	Street Address (P.O. Box Number is Not Acceptable)			
***************************************			BS		The same of the sa			
			84	City		FL 85 Zip	Code	
office or r agent. La	registered agent, or both, in the	7.0502 and 607 1508, Florida Sta State of Florida. Such change wa obligations of, Section 607 0505,	as authorized b	y the corpora	poration submits this statement for the patient's board of directors. I hereby acceptions	surpose of changing in the appointment as	ts registered registered	
SIGNATURE	Signatus, Type uses printed frame of register	rest agent and title if applicable (f	NOTE: Registered A:	ent signature requ	ired when reinstating)	DATE		
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 12	
TITLE	D	DELETE	1.1 TITLE			Change	Addition	
NAME	SWAN, DOUGLAS G		1.2 NAME					
STREET ADDRESS	9030-G YORK LANE		13 STREE	T ADDRESS				
CITY-SI-ZIP	WEST MELBOURNE FL 32	904	1.4 City-	ST-ZIP				
THLE		DELETE	21 TITLE			Change	Addition	
NAME			2.2 NAME		•			
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CiTY	-ST-ZIP	i .			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREI	T ADDRESS				
CITY-S1-ZIP			3.4. CITY	-ST-ZIP				
TITLE		DELETE	: 4.1 TITLE			Change	L Addition	
NAME			4. 2 NAM	:				
STREET ADDRESS			4.3 STRE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DETELE	5.1 TITLE			☐ Change	Addition	
NAME	1		5.2 NAME					
STREET ADDRESS			5.3 STRE	T ADDRESS				
CITY - S1 - ZIP			5.4 CITY	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAM:			62 NAMI	1				
STREET ADDRESS			6.3 STRE	T ADDRESS				
CITY - S1 - Z(P			6.4 CITY	ST-ZIP				

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. 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 flustee 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 interpretation with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-253-2030

0104084