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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	5 <i>0.00 77</i>	ry of State CORPORATIONS		
DOCU 1. Corporatio	MENT # P950	000089787 (2)			,
PRIORI	ITY MARKETING INC.				
Principal Plac	e of Business	Mailing Address		i reditori tir võibi Bilki objik õõjik õf	IAI BOIOI EDIIO IBIIA IBBOI IBIAL IDOI 1001
490 FAIRWOOD AVENUE APARTMENT 168 CLEARWATER FL 34619		APARTMENT 168	490 FAIRWOOD AVENUE APARTMENT 168 CLEARWATER FL 34619		
		CLEARWHEN PL 34019		 Date Incorporated or Qualified 11/20/1995 	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	26			Not Applicable
22	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has l-ability for i	ritangible tax under s. 199 032,
24	25 9. Name and Address of 0	[29]	30	Florida Statutes	Yes No
		Jurrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	ROHMEIER, KIRK 0 FAIRWOOD AVENUE, #9	•			
	U PAIRWOOD AVENUE, IFS EARWATER FL 34619	3	82 Street	Address (P.O. Box Number is Not Acceptab	lo)
00	EMINALENT E GADIS		83		
			84 City		lee 3 n Code
			1 1		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 60 egistered agent, or both, in the	07.0502 and £07.1508, Florida Statute State of Florida, Such charige was a	es, the above-named	corporation submits this statement for the puporation's board of directors. Thereby accept	rpose of changing its registered
agent I a	im familiar with, and accept the	obligations of, Section 607.0505 Flo	rida Statutes		mo appe minem as registered
SIGNATURE	Signature, type the printed name of registing	ered sherr and life if applicans. (CO	E. Registered Agent signatur	e continued when reports and	DAIL
12.		RS AND DIRECTORS	13.		
TrTLE		DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change 🔀 Addition
NAME			1.2 NAME	michael F. mac	AHE
STREET ADORESS			13 STREET ADDRESS	490 FAIRWAY DIC	# 168
CITY - ST - ZIP TITLE		T britte	1 4 CITY - ST - ZIP	CLEARWATER FL	346/9
NAME		DELETE	2.1 TILLE	KIRK STROHMEIC	Change Addition
STREET ADDRESS			2.3 STREET ADDRESS	310 FAILWOOD BYE	/k. # €3
CITY-ST-ZIP			2 4 CITY - ST - ZIP	Clean & AZE	77000
FITLE		DELETE	3 1 TITLE	CLEARWATER F.	Change Addition
NAME			3.2 NAME	İ	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			34 CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS			4 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5 4 CITY - ST - 71P		
TITLE		DELETE	6 1 TITLE		Change Addition
Name			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	ay cartify that the information of	rection with the first	64 CITY - ST - ZIP		16 67 07 1
14. I do hereb further ce	by certify that the information sertify that the information indicat	ipplied with the filing is voluntarily fur ed on this annual report or suppleme	nished and does not ntal annual report is	qualify for the exemption stated in Section 1 true and accurate and that my signature shall	19 07(3)(k), Florida Statutes I I have the same legal effect as if

made under oath, that I am an efficer or director of the prevention 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 if transfer or on an attachment with an address

GNATURE:

SIGNATURE:

SIGNATURE AND TYPE OF PHINES MAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 813-26-0198