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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

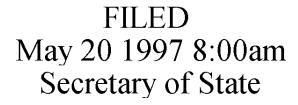
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000016279 (7)

EXCLUSIVE MARKETING INC.

Principal Place of Business

Mailino Address





Sulte, Apt. #, etc. 22 City & State	28. Mailing Ad 26 Suite, Apt. 27 City & Stat 28 Zip	#, elc.			3. Date Incorporated or Qualified 02/19/1996 4. FEI Number	3a. Date of Last Report Applied For Not Applie
21 Sulte, Apt. #, etc. 22 City & State 23	26 Suite, Apt. 27 City & Stat 28 Zip	#, elc.			65-0650351	}
City & State	Suite, Apt. 27 City & Stat 28 Zip					Not Applica
22 City & State 23	27 City & Stat 28 Zip				5. Certificate of Status Desired	AD 75
23	28 Zip	o 			V. Commune of Dialog Doubles	\$8.75 Additional Fee Required
Zip Country	├ ₁			A	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 25	29	3	Country 30		8. This corporation has liability for Elorida Statutes	ntangible tax under s. 199.032] Yes = [] No
9. Name and Address of C	Current Registered Agen	t			10. Name and Address of New Re	gistered Agent
* SCHAUER, ADRIENNE			B1	Name		
19261 BAY LEAF COURT			82	Street Ac	dress (P.O. Box Number is Not Acceptate	ile)
BOCA RATON FL 33498						
-			83			
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	eState of Florida. Such ch	ange was au	ithorized by	/ the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its register at the appointment as registere
SIGNATURE Signature, typod or printed name of region	ered agent and tille if applicable	HCM)	Registered Age	ant signature re	quired when reinslating)	DATE
12. OFFICER	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	
THLE		DELFTE	ातं स्वरह		FRESIDENT TILL	☐ Change ☐ Add
NAME	_		1.2 NAME		ADRIENNE SCHAU	
STREET ADDRESS	4		1.3 STREE	ADDRESS	19261 BAY LEAF (BOCA RATON FI.	100
CITY-ST-ZIP			1.4 CHY-5	1-21P	BOCA KATON FI.	33446
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NAME			6 P NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP			6 4 CHY-	S1 - ZIP		
14. I do hereby certify that the information s information indicated on this annual report I am an officer or director of the corpora	upplied with this filing doc ort or supplomental annua	os not qualify al report is tru stee empowe	for the exe ue and acc red to exe	emption sta urate and t oute this re	nted in Section 119.07(3)(i), Florida Statute hat my signature shall have the same legs port as required by Chapter 607, Florida S	s. I further certify that the al effect as if made under oath; Statutes; and that my name