

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

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Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000018551 (7)

1. Corporation Name
SOUTH ATLANTIC MARKETING INC.



Principal Place of Business
**1211 SAXONY CIRCLE, A1
 FT CHARLOTTE FL 33983**

Mailing Address
**1211 SAXONY CIRCLE, A1
 FT CHARLOTTE FL 33983-6396**

3. Date Incorporated or Qualified **02/26/1996** 3a. Date of Last Report **2/26/1996**

2. Principal Place of Business
 21 **1218 Alward St**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **PO Box 2532**
 Suite, Apt. #, etc.

4. FEI Number **65-065321D**
 Applied For Not Applicable

22 City & State
 23 **Port Charlotte FL**

27 City & State
 28 **Port Charlotte FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33980** 25 **USA**

29 **33949** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KITTLE, MICHAEL J
 1211 SAXONY CIRCLE, A1
 FT CHARLOTTE FL 33983**

10. Name and Address of New Registered Agent
 81 Name **Same**
 82 Street Address (P.O. Box Number is Not Acceptable) **1218 Alward St**
 83
 84 City **Port Charlotte** FL 85 Zip Code **33980**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> DELETE
NAME	Michael Kittle
STREET ADDRESS	1218 Alward St
CITY-ST-ZIP	Port Charlotte, FL 33980
TITLE	VICE President <input type="checkbox"/> DELETE
NAME	Jim Powers
STREET ADDRESS	2412 Delmar St. PO Box 2532
CITY-ST-ZIP	Port Charlotte FL 33949
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	John Kittle
STREET ADDRESS	Rt 66
CITY-ST-ZIP	Ghent NY 10075
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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. I 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 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 changed, or on an attachment with an address.

SIGNATURE: *Michael Kittle* **2/19/97** **941-766-9743**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)