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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000024178 (1)

SIMPLE SUCCESS MARKETING, INC.

						ill III
Principal Place	e of Business	Mailing Address			ADDIO IIDII 91051 IIAFE 1800I II	
1467 PENINSUL	<del>-</del>	1467 PENINSULA LANE				
PALM CITY FL	34390	PALM CITY FL 34990-1938				
				3. Date Incorporated or Qualified 03/19/1996	3a. Date of Last Re	p <b>ort</b>
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Арр	lied For
21		26		65-0654001	Not	Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac	
City & State		City & State		6. Election Campaign Financing	\$5.00 N	·
23	7.77 Add 5. 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11	28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation has liability for i		199.032
24	25		0		Yes No	
OVA	9. Name and Address of Curren	t Registered Agent	81 Name \	10. Name and Address of New Re	Jistered Agent	
SKAGGS, JOYCE A 2335 SW DANFORTH CIRCLE			, ]   "J(	SYCE A. BHGG	ETT	
	M CITY FL 34990	Just ried 82 Street Addr		ess (P.O. Box Number is Not Acceptable) SW 7ENTINSULA LANE		
FALI	4 OH FE 34990	narrieu	83	F SW TENNIVSDE	, ri CHIUG	
		,				
			84 City	MINI CITU	FL 85 70 C	ode
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the above-named corr	poration submits this statement for the n	urgose of changing its	registered
office or re	egistered agent, or both An the State	of Florida, Such change was au	thorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as re	egistered ∋gistered
	10 A	AROTIS OF, SECTION 607.0886 PHINI ———————————————————————————————————	cha Statutes.	1	IN CITY	
SIGNATURE	Signal religious at prened name of registered sur-	rt and title if applicable (NOTE F	Augistered Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	IN 12
TITLE	President_	☐ DELETE	1.1 TITLE		Change	Addition
NAME	Junce A BAGGE	en lane	1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY - ST - ZIP	PALM CITY, FL	- <u>34990</u>	1.4 CITY - ST - ZIP			
TITLE	•	[] DELETE	2 1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY - ST - ZIP		T occess	2 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change	Addition
NAME			3.2 NAME	-		i
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME		- Change	APORIO!
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME		and a second	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE	**************************************	☐ DELETE	61 TITLE		Change	Addition
NAME			6.2 NAME		-	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-S1-ZIP			64 CITY-ST-ZIP			
14. I do herek	by certify that the information supplied	with this filing does not qualify	for the exemption stated	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal	I further certify that the	ie
I am an ol	flicer or director of the corporation or	the receiver or trustee empower	ed to execute this repor	rt as required by Chapter 607, Florida Si	enect as it made under atutes; and that my na-	я oam; mat me
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, opperan attachment with an address/						