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May 09 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 # P96000026667 (1)

1. Corporation Name  
AVP MARKETING, INC.



Principal Place of Business  
1842 AIRPORT RD S  
NAPLES FL 33962

Mailing Address  
1842 AIRPORT RD S  
NAPLES FL 34112-3818

3. Date Incorporated or Qualified  
03/21/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2124 Airport Road

26 2124 Airport Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 102

27 Suite 102

City & State

City & State

23 Naples, Florida

28 Naples, Florida

Zip

Country

Zip

Country

24 34112

25

Collier

29 34112

30 Collier

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK, ANN T  
1842 AIRPORT RD S  
NAPLES FL 33962

81 Name

Ann T. Frank

82 Street Address (P.O. Box Number is Not Acceptable)

2124 Airport Road, Suite 102

83

84 City

Naples

FL

85 Zip Code

34112

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

*Ann T. Frank*

4/30/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME FRANK, PETER B  
STREET ADDRESS 1842 AIRPORT RD S  
CITY-ST-ZIP NAPLES FL 33962

1.1 TITLE D  
1.2 NAME Peter B. Frank  
1.3 STREET ADDRESS 2124 Airport Road, Suite 102  
1.4 CITY-ST-ZIP Naples, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*Peter B. Frank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter B. Frank

Date

793-5353

Daytime Phone #

CR2E034 (9/96)