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FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000028118 (3)

1. Corporation Name

MEMBER ADVANTAGES, INC.



Principal Place of Business

2701 W. BUSCH BOULEVARD  
SUITE 118  
TAMPA FL 33618

Mailing Address

2701 W. BUSCH BOULEVARD  
SUITE 118  
TAMPA FL 33618-4531

3. Date Incorporated or Qualified

04/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 SUITE 205  
23 City & State

26 Suite, Apt. #, etc.  
27 SUITE 205  
28 City & State

24 Zip  
25 Country

29 Zip  
30 Country

4. FEI Number

59-3372231

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

SOMMONDS, JOHN E  
2701 W. BUSCH BOULEVARD  
SUITE 118  
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name SIMMONDS, JOHN E.  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMARE, WILLIAM J	
STREET ADDRESS	14702 CLAREDON DRIVE	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIMES, PAUL R	
STREET ADDRESS	10513 86TH AVENUE NORTH	
CITY - ST - ZIP	SEMINOLE FL 32642	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRASNICKI, ROBERT F	
STREET ADDRESS	4601 BROWNWOOD CT	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONDS, JOHN E	
STREET ADDRESS	3211 CONCORD WAY	
CITY - ST - ZIP	PLANT CITY FL 33624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, ESTELLE W	
STREET ADDRESS	5206 FAIRWAY ONE DRIVE	
CITY - ST - ZIP	VALRICO FL 33625	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOODREAU, NELSON A II	
STREET ADDRESS	6322 FROST DRIVE	
CITY - ST - ZIP	TAMPA FL 33625	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KRASNICKI, ROBERT F.
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Robert F. Krasnicki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)