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

Mailing Addross

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

May 12 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600032175 (7)

L.D.R. MARKETING, INC.

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

2111 MAGDALENE MANOR DR TAMPA FL 33613 US		2111 MAGDALENE MANOR DR. TAMPA FL 33613 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/12/1996	
2 Principal P	lace of Business	2a Mailion Address	2a. Mailing Address			4. FEI Number Applied For	
21		26				59-3370909 Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.				\$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution		
Zip	Country Zip Country			8. This corporation owes or has paid the current year Intangible			
24	25	29	30	JO		Personal Property Tax due June 30. 🔲 Yes 🖾 No	
	9. Name and Address of Currer	I Registered Agent				10. Name and Address of New Registered Agent	
BUT	THERFORD, THOMAS S		81	iΓ	Name		
	16 NORTH DALE MABRY HWY.	#201	82	;	Stroot Adde	ress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33618		F201			SHOOL MUSH	ess (F.O. Dox Number is Not Acceptable)	
			83	1			
l				4	-		
			84	1	City	FL 85 Zip Code	
SIGNATURE  12.  TITLE  NAME	Signature, by ed or peniled mane of registered age OFTICE RS AN PTD BURRELL, DON	nt and billent applicable (NÓ DED DIRECTORS DELETE	18 Registered Ag 13. 1.1 TiffLE 1.2 NAME			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PTD  Change Addition  BURRELL, DON	
STREET ADDRESS	1312 GANGPLANK DRIVE	312 GANGPLANK DRIVE 1.3 ST		1 A	ADDRESS &	2111 magdalene manor DR	
CITY-ST-ZIP	VALRICO FL 33594		1.4 CHTY-1	st-	- ZIP 7	TAMPA, FL 33413	
TITLE	80	☐ DELETE	21 TITLE			SD Defiange Addition	
NAME	<b>B</b> URRELL, LAURIE		2.2 NAME	2.2 NAME		Burrell, Laurie	
STREET ADDRESS	1312 GANGPLANK DRIVE		2.3 STREE	1 A	address 🗳	2111 magdalene maner DR	
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-	· ST		TAMPA, FL 33413	
TITLE		DELETE	3.1 THTLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREE	1 A	ODRESS		
CITY-ST-ZIP			3 4. C(1)Y-	ST	r- ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAME	-			
STREET ADDRESS			4.3 STREE	.1 A	DORESS		
CITY-ST-ZIP			4.4 CITY-	ST-	- ZIP		
TITLE			5.1 TITLE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 A	ADDRESS		
CITY-ST-ZIP	,		5.4 CITY -	\$1·	- ZIP		
TITLE	<u> </u>	DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				

6.3 STREET ADDRESS

14. Thereby 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 suppliemental 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.