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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000044479 (9)

Country

ONE PROGRESS PLAZA BARNETT TOWER

g. Name and Address of Current Registered Agent

STD MARKETING INC.

Principal Place of Business			
12745 49TH STREET NORTH			

CLEARWATER FL 34822

Suite, Apt. #, etc.

City & State

Zip

CITY-ST-ZIP

21

22

23

24

2. Principal Place of Business

GROSS, ALAN M

ST. PETERSBURG FL 33701

SUITE 1210

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

12745 49TH STREET NORTH CLEARWATER FL 34622-4604

FILED May 07 1997 8:00am Secretary of State

3. [Date Incorporated or Qualified	3a. D	ate of Last Report
	05/22/1996		
4. 1	FEI Number		Applied For
	59-3391563		Not Applicat
5. (Certificate of Status Desired		\$8.75 Additional Fee Required
6. [Election Campaign Financing		\$5.00 May Be
•	Trust Fund Contribution		Added to Fees
8. `	This corporation has liability for	intangib k	tax under s. 199.032,
	Florida Statutes]Yes Ì	☑ No
i0.	Name and Address of New Re	gistered	Agent

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84 City 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, typed or printed name of registered agent and title it applicable (NOTF: Rog stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE DANIELS, FRANK 1.2 NAME NAME 12745 49TH STREET NORTH 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34622** 1.4 CITY-ST-7(P) CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE NAME DANIELS, JANICE 2.2 NAME 12745 49TH STREET NORTH 2.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34622** CITY-ST-ZIP 2 4 CHY-ST-ZIP Change ___ Addition DELETE 3.1 THLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CHY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 62 NAME NAME **6.3 STREET ADORESS** STREET ADDRESS

6.4 City - \$1 - ZIP

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(012) 10 YOU

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 thu receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged on an arthuchmont with an address.

Country

83

Name

Street Addr

30