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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000044583 (8)

S. AND B. MARKETING OF SARASOTA, INC.

Principal Place of Business Mailing Address 201 N. FRANKLIN STREET #2100 201 N. FRANKLIN STREET #2100 **TAMPA FL 33602 TAMPA FL 33602** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0678866 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Žiρ Country 8. This corporation owes or has paid the current year Personal Property Tax due June 30. iaible 24 25 30 29 , No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOLFE, RANDOLPH J 201 N. FRANKLIN STREET #2100 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 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 if explicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE **DPST** DELETE 1.1 TITLE Change Addition NAME WHEALY, THOMAS 1.2 NAME 248 PALL MALL STREET #400 STREET ADDRESS 1.3 STREET ADDRESS **LONDON ONTARIO N6A5PG CANAD** COY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change 61 1/TLE Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

FILED Feb 03 1998 8:00am Secretary of State



14. I 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 supplience 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 charged, or on an attachment with an address.