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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90155 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000059570

1. Corporation Name
WELKER BROTHERS MARKETING, INC.

Principal Place of Business 1087 PLYMOUTH-SORRENTO ROAD PLYMOUTH FL 32768	Mailing Address PO BOX 1235 PLYMOUTH FL 32768 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 07/15/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3392637	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

KATZ, LAWRENCE H
341 N. MAITLAND AVENUE #120
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	WELKER, JEFFREY M.	
STREET ADDRESS	1129 ORANGE BLVD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WELKER, RICHARD P. JR.	
STREET ADDRESS	1282 DEER LAKE CIR	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WELKER, JEFFREY M.	
1.3 STREET ADDRESS	1129 Orange Blvd	
1.4 CITY-ST-ZIP	Lake Mary, FL	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WELKER, RICHARD P. JR.	
2.3 STREET ADDRESS	1282 Deer Lake Cir	
2.4 CITY-ST-ZIP	Apopka, FL	
3.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WELKER, DEBORAH D.	
3.3 STREET ADDRESS	1282 Deer Lake Cir.	
3.4 CITY-ST-ZIP	Apopka, FL	
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WELKER, LINDA W.	
4.3 STREET ADDRESS	1129 Orange Blvd	
4.4 CITY-ST-ZIP	Lake Mary, FL	
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 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, with all other like empowered.

SIGNATURE: Deborah D. Welker 1-31-99 407-889-4833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)