

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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000060789 (0)
1. Corporation Name
ALTERNATIVE MARKETING, INC.



Principal Place of Business 1001 SOUTH ROME STREET TAMPA FL 33606	Mailing Address 1001 SOUTH ROME STREET TAMPA FL 33606-3034
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3. Date Incorporated or Qualified 07/18/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number 59-3394969	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BAKKALAPULO, LOUIS P.A.
3000 GULF TO BAY BLVD.
SUITE 404
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent
81 Name **Gregory C. Yadley
Shumaker, Loop & Kendrick, LLP**
82 Street Address (P.O. Box Number is Not Acceptable)
101 East Kennedy Blvd. Suite 2800
83 **Barnett Plaza**
84 City **Tampa** **FL** 85 Zip Code **33602**

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 **4/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	D WARREN, JAMES JR. 1101 SOUTH ROME STREET TAMPA FL 33606	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	PVPT WARREN, JAMES JR. 1001 SOUTH ROME STREET TAMPA FL 33606	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	S ANDERSON, ROBERT MICHAEL JR. 1001 SOUTH ROME STREET TAMPA FL 33606	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
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: _____ Jim Warren Date **4/25/97** Daytime Phone # **258-8328**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)