FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENTSTATE

Sandra B. Morti

Secretary of Sta DIVISION OF CORPODNS

DOCUMENT # P96000072785 (4)

J-MARC COMMUNICATIONS, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

407 N. HIMES AVENUE TAMPA FL 33609 407 N. HIMES AVENUE TAMPA FL 33609-1323

2a. Mailing Address

FILED May 02 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For



3. Date Incorporated or Qualified

08/28/1996

21	ILOU OF DOURINGS	26	1001000		ĺ	59-342122 Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	e	City & SI	alo			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Žip	Country	Zip		c	<u></u>	This corporation has liability for intangible tax under s. 199.032,
24	25	29	3	0	Ì	Florida Statutes Yes No
	9. Name and Address of Curi	rent Registered Age	ent			10. Name and Address of New Registered Agent
POLO, MARCO J 407 N. HIMES AVENUE				Name Street Address (P.O. Box Number is Not Acceptable)		
TAM	PA FL 33609				 	
•					City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508 I	Iorida Statutes	the	E-named c	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such o	change was au	thofi	y the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	in tantilal with, and accopt the ob-	iligationa of, obcilon	007.0003, 11011	(la p		
SIGNATURE	Signature, typed or printed name of registered	agent and lide if applicable	(NO1E	Registi	ent signature re	required when reinstating) DATE
12.	OFFICERS /	AND DIRECTORS		13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D] DELETE	11	1	☐ Change ☐ Addition
NAME	POLO, MARCO J			1,2		
STREET ADDRESS	407 N. HIMES AVENUE			1,3	ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609			1/4	51 - ZIP	
TITLE	·	L	_] DELETE	2.1	1	Change Addition
NAME				2‡		
STREET ADDRESS				2.3	ADDRESS	
CITY-ST-ZIP			DELETE.	2	ST-ZIP	
TITLE		L	DELETE	3.1	[[Change Addition
NAME				3.2		
STREET ADDRESS				3.8	ADDRESS	;
CITY-ST-ZIP TITLE			DELETE	3.	S1-ZIP	☐ Change ☐ Add/tion
NAME		ı.	_ DICCIT	1] }	E change E Mandalli
STREET ADDRESS					I ADDRESS	
				4.3	IT-ZIP	
CITY-ST-ZIP TITLE			DELETE	9.9 5.1	11-71	☐ Change ☐ Addition
NAME		_		5.2		
STREET ADDRESS				5.3	ADURESS	
CITY-ST-ZIP				5.4	17 - ZIP	
TITLE			DELETE	61	r	Change Addition
NAME				6.2	}	
STREET ADDRESS				6.3	f	
CITY-ST-ZIP				64	1 - ZIP	
14. I do herel	by certify that the information supp	lied with this filing d	oes not qualify	for th	imption sta	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the
Informatio	on indicated on this annual report of	or supplemental anni	ual report is tru	e and	rate and t	that my signature shall have the same legal effect as if made under oath; that