

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

FILED

**May 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000079391 (4)
1. Corporation Name
ORACLE MARKETING, INC.



Principal Place of Business 3690 EAST BAY DR. SUITE J LARGO FL 33771	Mailing Address 3690 EAST BAY DR. SUITE J LARGO FL 33771
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DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
09/23/1996

2. Principal Place of Business 21 4175 East Bay Dr. Suite, Apt. #, etc. 22 Suite 102 City & State 23 Clearwater FL Zip 24 33764 Country 25 USA	2a. Mailing Address 26 ← Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number
59-3403345 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SINCLAIR, MONICA
3690 EAST BAY DR.
SUITE J
LARGO FL 33771**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4175 East Bay Dr.
83 **Suite 102**
84 City **Clearwater** FL 85 Zip Code **33764**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, MONICA	1.2 NAME	
STREET ADDRESS	3690 EAST BAY DR. #J	1.3 STREET ADDRESS	4175 East Bay Dr #102
CITY-ST-ZIP	LARGO FL 33771	1.4 CITY-ST-ZIP	Clearwater, FL 33764
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTIE, DENISE	2.2 NAME	
STREET ADDRESS	3690 EAST BAY DR. #J	2.3 STREET ADDRESS	4175 East Bay Dr. #102
CITY-ST-ZIP	LARGO FL 33771	2.4 CITY-ST-ZIP	Clearwater, FL 33764
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Monica Sinclair* *Denise Hastie* *11/20/98* *(813) 521-1770*

CR2E034 (10/97)