

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

FILED
Jun 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084722 (3)
1. Corporation Name
MARKETING AND MANAGEMENT CONCEPTS, INC.



Principal Place of Business Mailing Address
4504 OLD ORCHARD DR 4504 OLD ORCHARD DR
TAMPA FL 33624-4628 TAMPA FL 33624-4628

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 16862 Le Clare Shores Dr.		26 16862 Le Clare Shores Dr.		10/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3408260	
City & State		City & State		Applied For	
23 Tampa, FL		28 Tampa, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33624		29 33624		30	
Country		Country		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				10. Name and Address of New Registered Agent			
FOSTER, DOLORES H 4504 OLD ORCHARD DR TAMPA FL 33624-4628				81 Name Bruce A. Foster			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				16862 Le Clare Shores Drive			
				83			
				84 City Tampa			
				FL			
				85 Zip Code 33624			

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 Bruce A. Foster 6-18-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, DOLORES H			1.2 NAME	Bruce A. Foster		
STREET ADDRESS	4504 OLD ORCHARD DR			1.3 STREET ADDRESS	16862 Le Clare Shores Drive		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	Tampa, FL 33624		
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, BRUCE A			2.2 NAME			
STREET ADDRESS	839 N HIMES AVE #2205			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP			
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	100002576441		
STREET ADDRESS				6.3 STREET ADDRESS	-06/30/98--01071--015		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***150.00		

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 Bruce A. Foster 6-18-98 813 265-9329

CR2E034 (10/97)