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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

. J. HROVINDA (ALIA (ALIA) ŽICA). PRIKLA BEŽINI O OKIA DEKAD ŠANON LEDACI DILAN DEKAL INIV. (BD.)

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000091358 (7)**

## FLORIDA MARKETING NETWORK, INC.

Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & St	d For opticable tional ed y Be
SUITE 700 ORLANDO FL 32809 ORLANDO FL 32809-3848  3. Date Incorporated or Qualified 11/01/1938 3. Date Incorporated or Qualified 11/01/1938 4. FEI Number 11/01/1938 5. Certificate of Status Desired	d For opticable tional ed y Be
ORIANDO FL 32809  ORIANDO FL 32809-5848  3. Date Incorporated or Qualified 11/01/1998  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  Suite, Apt. #, etc  Suite, Apt. #, etc  2c. City & State  City & State  City & State  Country	d For opticable tional ed y Be
3. Date Incorporated or Qualified 11/01/1998 2. Principal Piace of Business 2a. Mailing Address 26	d For opticable tional ed y Be
2. Principal Piace of Business  2a. Mailing Address  25	d For opticable tional ed y Be
2. Principal Pace of Business  2a. Mailing Address  25	oplicable tional ed y Be ses
21 Suite, Apt. #, etc  Suite, Apt. #, etc  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Added to Fee Requ  Sign Country  Added to Fee Requ  Florida Statutes  Sign Country  Sign Country  Added to Fee Requ  Florida Statutes  Florida Statutes  No  No  No  No  No  Sign Country  S	oplicable tional ed y Be ses
Suite, Apt. #, etc    Suite, Apt. #, etc.   Suite, Apt. #, etc.	tional ed y Be ses
City & State   City & State   City & State   City & State   State   City & State   Trust Fund Contribution   Added to Find For Interpretate Interpretation   Added to Find For Interpretation	ed / Be ses
City & State  City & State  28  Country  29  29  29  30  Country  29  30  Florida Statutes  Priorida Statutes  Name and Address of New Registered Agent  HEINKEL, R. LAWRENCE  201 W. CANTON AVENUE  SUITE 150  WINTER PARK FL 32789  City & State  Country  Zip  Country  29  30  Country  B. This corporation has liability for intangible tax under s. 15  Florida Statutes  10, Name and Address of New Registered Agent  Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Cod	es
23 Country Zip Country B. This corporation has liability for intangible tax under s. 19 24 25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent HEINKEL, R. LAWRENCE 201 W. CANTON AVENUE SUITE 150 WINTER PARK FL 32789  81 City FL 85 Zip Cod	es
Country   Zip   Country   Zip   Country   S. This corporation has liability for intangible tax under s. 19   Florida Statutes   Yes   No   No   No   No   No   No   No   N	).032,
25 29 30 Florida Statutes Yes No  9, Name and Address of Current Registered Agent  HEINKEL, R. LAWRENCE 201 W. CANTON AVENUE SUITE 150 WINTER PARK FL 32789  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Florida Statutes Yes No  10, Name and Address of New Registered Agent  10, Name and Address of New Registered Agent  11, Name and Address of New Registered Agent  12, Name  13, Name  14, City  FL  15, Cod  16, City  17, Name and Address of New Registered Agent  15, Name  16, Name  17, Name and Address of New Registered Agent  18, Name  18, City  FL  18, Zip Cod  18, City  FL  18, Zip Cod  18, City  FL  FL  18, City  FL  FL  FL  FL  FL  FL  FL  FL  FL  F	-
HEINKEL, R. LAWRENCE 201 W. CANTON AVENUE SUITE 150 WINTER PARK FL 32789  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83	
201 W. CANTON AVENUE SUITE 150 WINTER PARK FL 32789  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Cod	
201 W. CANTON AVENUE SUITE 150 WINTER PARK FL 32789  82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Cox	
SUITE 150 WINTER PARK FL 32789  84 City  FL 85 Zip Coo	
## City   FL   85   Zip Cox	
84 City FL 85 Zip Coo	********
FL   11   12   12   12   12   12   12   1	
	3
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, and accept the obligations of Section 607,0505. Florida Statutes	gistered
	stered
SIGNATURE	
Stignature, tyried or profiled 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 I	
D- President DELETE 1.1 TITLE	<b>J</b> Addition
NAME FRAHAM, LARAINE 12 NAME	
STREET ADDRESS 6149 CHANCELLOR DRIVE 1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32809 1.4 CHY-ST-ZIP	
THE D - Secretary/Treasurer DELETE 2.1 TITLE Change	J Addition
NAME Frahm, A. Phil 22NAME	
STHEET ADDRESS 6149 Chancellor Drive 23 STREET ADDRESS	į
CRIY-SI-ZIP Orlando, FL 32809 2 4 CRIY-SI-ZIP	
THE DELETE 3.1 TITLE Change	Addition
NAME 3.2 NAME	
NAME STREET ADDRESS 3.3 STREET ADDRESS	
	Addition
STREET ADDRESS           CHY-ST-ZIP         34, CITY-ST-ZIP	
STRS 1 ADDRESS         3.3 STREET ADDRESS           CHY-ST-ZIP         3.4 CHY-ST-ZIP	
STREET ADDRESS         33 STREET ADDRESS           CHY-ST-ZIP         34. CITY-ST-ZIP           TPLE         DELETE         4.3 TITLE         Change	
STREET ADDRESS   33 STREET ADDRESS	
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP   TPLE   DELETE   4.3 TITLE   Change	Addition
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP   TPLE   DELETE   4.3 TITLE   Change	Addition
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP	Addition
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP	Addition
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP	Addition  Addition
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP   TITLE	
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP   TPLE   DELETE   43. TIFLE   Change   NAME   42. NAME   42. NAME   STREET ADDRESS   43. STREET ADDRESS   CITY-ST-ZIP   Change   NAME   STREET ADDRESS   ST	

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 is 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 corpolation by the receiver or to stee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challeged, by on an attachment with an address