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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096627 (0)

R.P.M. MARKETING & RESEARCH, INC.

1													
Principal Place	e of Business	M	ailing Address					T FERNING AND LANGE BUILD OF				i	
4501 GOSSAMAR COURT 4501 GOSSAMAR CC TAMPA FL 33624 TAMPA FL 33624-103													
					<u></u>			Date Incorporated or 11/26/1996	Qualified	3a . Da	te of Last F		
2. Principal Place of Business			2a. Mailing Address					FEI Number			h	pplied For	
21			26					59-3419194	ł			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status E	Desired			Additional equired	
City & State	`	28					6.	Election Campaign Fi Trust Fund Contribute	.,			May Be to Fees	
Zip	Country		Zip	ļ	Country		8.	This corporation has	hability fo <u>r i</u>			s. 199.032,	
24	25	29	 	30	<u></u>			Florida Statutes			No		
9, Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent					
LIVIN	IGSTON, CLIFTON A				81	Name M	1S.	SMITTY SMI	TH				
201 EAST DAVIS BLVD					82	Street Add	dress (P	O. Box Number is No	t Acceptab	le)			
TAM	PA FL 33606				83	3	8802	EHRLICH F	ROAD,	SUIT	E 210)	
					84	City					B5 Zip	Code	
						1	AMP.			FL		Code 3624	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 6 ite of Flori ligations o	07.1508, Florida da Such chang L Saction 607.0	i Statutes, 1 e was auth 505, Florida	the above orized by Statutes	e-named co the corpor s.	rporation ation's b	n submits this stateme poard of directors. I he	ent for the p ereby accep	urpose of the appo	changing in pintment as	ts registered registered	
SIGNATURE			. A_							4//	7/97		
Olditatorie	Signature, typed or printed name of regretied			(NOTE: Re	gistered Age	int signature req	uired when	reinstating)		DATE			
12.	OFFICERS A	ND DIREC			13.			ADDITIONS/CHANGES	3 TO OFFIC				
TITLE	D		☐ DELE	ETE .	1.1 TITLE						Change	Addition	
NAME	MC CARTHY, KELLI				1.2 NAME							i	
STREET ADDRESS	4501 GOSSAMAR COURT				1.3 STREET	ADDRESS							
CITY-ST-ZIP					1.4 CITY-ST-ZIP								
TITLE	D		☐ DELE	ETE	2.1 TITLE						☐ Change	Addition	
NAME	MC CARTHY, JOHN			i	2.2 NAME								
STREET ADDRESS	4501 GOSSAMAR COURT				2.3 STREET	ADDRESS							
CITY-ST-ZIP	TAMPA FL 33624				2. 4 CITY - S	ST-ZIP							
TITLE	D		☐ DELE	: TE	3.1 TITLE	[☐ Change	☐ Addition	
NAME	STRANGE, MICHAEL				3.2 NAME								
Street address	4501 GOSSAMAR COURT				3.3 STREET	ADDRESS							
CITY-ST-ZIP	TAMPA FL 33624				3.4, CHTY - S	ST-ZIP							
TITLE			☐ DELE	:TE	4.1 TITLE	İ					Change	Addition	
NAME				4	4. 2 NAME								
STREET ADDRESS					4.3 STREET	ADDRESS							
CITY-ST-ZIP					4.4 CITY - S	T- ZIP		<u> </u>					
TITLE			☐ DETE	EIE	5.1 TITLE						☐ Change	Addition	
NAME				L	5.2 NAME								
STREET ADDRESS	•			Į	5.3 STREET	ADDRESS							
CITY-ST-ZIP					5.4 CHY-S	1 - 719							
TITLE	"	_	☐ DELE	ETE	6.1 TITLE						Change	Addition	
NAME					6.2 NAME								
STREET ADDRESS					6.3 STREET	ADDRESS							

6.4.CITY-S1-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 X TO SIGNATURE TO CUIRE

7-27-47

1813)809-4441

FILED

Jul 31 1997 8:00am

A LOCALESA AND TONIO ONLY OUTER ROOM DOWN DAMA FOLES DAMA OF A CHARLESON AND LABOR.

Secretary of State