


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

FILED
Feb 17 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 # P97000001926 (9)

1. Corporation Name

SIGNATURE MARKETING GROUP, INC.



Principal Place of Business

210 SPANIARD ROAD
CAPE HAZE FL 33946

Mailing Address

210 SPANIARD ROAD
CAPE HAZE FL 33946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

2. Principal Place of Business

21 2960 S McCALL RD

Suite, Apt. #, etc.

22 SUITE 204

City & State

23 ENGLEWOOD, FL

Zip

24 34224

Country

25 USA

2a. Mailing Address

26 2960 S McCALL RD

Suite, Apt. #, etc.

27 SUITE 204

City & State

28 ENGLEWOOD, FL

Zip

29 34224

Country

30 USA

4. FEI Number

43-1766227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MARX, DONALD G
210 SPANIARD ROAD
CAPE HAZE FL 33946

10. Name and Address of New Registered Agent

81 Name

MARX, DONALD G

82 Street Address (P.O. Box Number is Not Acceptable)

210 SPANIARDS ROAD

83

84 City

PLACIDA

FL

85 Zip Code

33946

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

X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MARX, DONALD G
STREET ADDRESS 4116 BALTIMORE
CITY-ST-ZIP KANSAS CITY MO 64111

TITLE D ☒ DELETE

NAME PRESLER, AARON L
STREET ADDRESS 4116 BALTIMORE
CITY-ST-ZIP KANSAS CITY MO 64111

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/S/D ☒ Change ☐ Addition

1.2 NAME MARX, DONALD G
1.3 STREET ADDRESS 210 SPANIARDS ROAD
1.4 CITY-ST-ZIP PLACIDA, FL 33946

2.1 TITLE P/T/D ☒ Change ☐ Addition

2.2 NAME PRESLER, AARON L
2.3 STREET ADDRESS P 26, RT # 4
2.4 CITY-ST-ZIP LAKE LOTAWANA, MO 64086

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: X

2/16/98

941-473-1122

CR2E034 (10/97)