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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037025 (8)

GENERAL MARKETING SERVICES, INC.

FILED Apr 14 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		3 SERITORI TITA IRITI IRRII RETIT ORIIN ERITI ORIIN SERIT SERIT ORIIN STREET E 14 1881.
164-EAST-DOUGLAS ROAD OLDSMAR-FL-34877		161 EAST DOUGLAS ROAD OLDSMAR-FL-34877 42080 Hwy 19 N.		. DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified	
TARpor	4 Springs, FL. 346	89 THICFOR	3468	9 04/25/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26	·	59-3442957 Not Applicable
Suite, Apt. #, etc. 22 4 2080 Hwy 19 N		Suite, Apt. #, etc.	N 91 YU	5. Certificate of Status Desired Fee Required
23 TARPON SPRINGS, FL		City & State 28 TARPON SPRIN	ugs, FL.	6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees
Zip Country		Zip / Country		8. This corporation owes or has paid the current year Intangible
24 34 68 9 25 U S			<u> </u>	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9, Name and Address of Current Registered Agent 81 Name				10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE				
			82 Street A	Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			83	
			84 City	FI. 85 Zip Code
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				
	Signature, typied or printed name of registered agent OFFICE RS AND		Rogistered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	PD	DELETE	13.	PD Change Addition
NAME	JACOBS, JACK M		1.2 NAME	JACK JACOBS, JACK M.
STREET ADDRESS	164 EAST DOUGLAS ROAD		1.3 STREET ADDRESS	42080 HWY 19 N.
CITY-ST-ZIP	OLDSMAR FL 34677		1.4 CITY - ST - ZIP	TARPON SPRINGS, PL. 34689
TITLE	\$VTD	DELETE	2.1 TITLE	SVTO Addition
NAME	Z IELINSKI, LARRY N		2.2 NAME	ZIELINSKI, LARRY N.
STREET ADDRESS	164 EAST DOUGLAS ROAD		2.3 STREET ADDRESS	42080 Hwy 19 N.
CITY-ST-ZIP	OLDSMAR FL 34677		2. 4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP	
TITLE		☐ DELFT e	4.1 11TLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DOLETE	5.4 CITY - S1 - ZIP	Change Addition
TITLE		₩ DELETE	6.1 TITLE	Change C Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-\$T-ZIP	pertify that the information cumplied with	this filing does not qualify for	the exemption state	d 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				