

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

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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000056517 (0)

1. Corporation Name
OPM MARKETING GROUP, INC.



Principal Place of Business 6220 SEMINOLE BLVD. SEMINOLE FL 33772	Mailing Address 6220 SEMINOLE BLVD. SEMINOLE FL 33772
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11540 Walsingham Rd.		2a. Mailing Address 26 4743 2nd Ave N		3. Date Incorporated or Qualified 06/26/1997	
22 City & State 23 Largo, FL		27 City & State 28 St. Petersburg, FL		4. FEI Number 59-3458656	
24 Zip 33778		29 Zip 33713		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent MAPLES, JOHN E SR 6220 SEMINOLE BLVD. SEMINOLE FL 33772				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent MAPLES, JOHN E SR 6220 SEMINOLE BLVD. SEMINOLE FL 33772				10. Name and Address of New Registered Agent	
				81 Name J. Mark Holland	
				82 Street Address (P.O. Box Number is Not Acceptable) 10315 Newport Cir.	
				83	
				84 City Tampa	
				85 State FL	
				86 Zip Code 33612	

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 *J. Mark Holland* **J. Mark Holland - President** **4-29-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	J. Mark Holland
CITY-ST-ZIP		1.4 CITY-ST-ZIP	10315 Newport Cir. Tampa, FL 33612
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *J. Mark Holland* **J. Mark Holland** **4-29-98** **813-393-0008**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0408830

CR2E034 (10/97)