

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90150 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000058304

1. Corporation Name
CORPORATE MARKETING SOLUTIONS INTERNATIONAL, INC



Principal Place of Business 11 DUNWOODY PARK.. STE 140 ATLANTA GA 30338	Mailing Address 11 DUNWOODY PARK.. STE 140 ATLANTA GA 30338
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/03/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3456623	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	KING, CHRISTOPHER C	585 Calaveras Dr.			
STREET ADDRESS	6863-F GLENLAKE PARKWAY	Atlanta, GA 30328			
CITY-ST-ZIP	ATLANTA GA 30328				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KING, KEVIN				
STREET ADDRESS	11 MORRIS LANE				
CITY-ST-ZIP	PINEHURST NC 28374				
TITLE	Peter Vajda	<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Peter Vajda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	6837-I Glenlake Pkwy.				
1.3 STREET ADDRESS	Atlanta, GA 30328	President			
1.4 CITY-ST-ZIP					
2.1 TITLE	Holly O'Brien	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	585 Calaveras Drive				
2.3 STREET ADDRESS	Atlanta, GA 30350				
2.4 CITY-ST-ZIP					
3.1 TITLE	Christopher C. King	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	585 Calaveras Drive	C/T/S/D			
3.3 STREET ADDRESS	Atlanta, GA 30350				
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:  **REQUIRED**
3/4/99 770-396-4320
Date Daytime Phone #

CR2E034 (11/98)