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 # P97000078832 (7)

AGAPE MARKETING, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							10: 10:0: 12:00	i anita tata tata
1407 E. BAKE! PLANT CITY F			1407 E. BAKER ST. PLANT CITY FL 33566			DO NOT WRITE IN THIS SPACE		
						3, Date Incorporated or Qualified		
						09/11/1997		
	ace of Business	2a. Mailing Ad	dress			4. FEI Number 59 -347 6741	h	Applied For
21		26]				71-24 16141		Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc 22						6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State						6. Election Campaign Financing		00 May Be
23 28			Country			Trust Fund Contribution		
Zip	Country	Zip	├ ─	Country		8. This corporation owes or has paid the c	Oxreatyear Yes	Intangible No
24	9. Name and Address of Curre	29 29 Appletored Appen	[30]	<u> 101 </u>		Personal Property Tax due June 30. 10. Name and Address of New Registered		
	 	THE MODISTORED NAMED		81	Name	10. Hamb and Addiess of the Hogeston	, rigont	
	rzel, d H III							
201 DORT ST. STE. B PLANT CITY FL 33566						fress (P.O. Box Number is Not Acceptable)		
, -				83				
				84	City	F	L ~	ip 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. StGNATURE								
	Signature, typed or photod name of registered a				ent signature requ	pred when reinstating) DATE		
12.		ND DIRECTORS		3.	 	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECT	
TITLE	D	Ц		.1 TITLE			L Chang	Je LE MODILION
NAME	PICKERN, PAUL E			.2 NAME				13
STREET ADDRESS	1407 E. BAKER ST.				ADDRESS			Į:
CITY-ST-ZIP	PLANT CITY FL 33566			4 CITY-S	ST - ZIP		Chang	e Addition
TITLE			.1 TITLE			L Chang	le 🗀 vooinon L	
NAME	HUMPHREY, ROBERT L JR.			.2 NAME				
STREET ADDRESS	1407 E. BAKER ST.		9		ADDRESS	·		ŀ
CITY-ST-ZIP	PLANT CITY FL 33586			4 CHTY-	ST-ZIP		Check	n [] Addition
TITLE		L		.1 TITLE			L Chang	ge L. Addition
NAME			1	.2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				4. CITY-	ST-ZIP		Chang	ge Addition
TITLE		L		.1 TITLE				JG LJ ABUNIUN
NAME				. 2 NAME				
STREET ADDRESS			4.	.3 STREE1	ADDRESS			
CITY-ST-ZIP				4 CITY-S	ST- ZIP		T ALC	a daubtee
TITLE		Ц		1 TITLE			Chang	ge L. Addition
NAME				2 NAME				
STREET ADDRESS			5.	3 STREET	ADDRESS			
CITY-ST-ZIP				4 CITY-S	ST-ZIP		——————————————————————————————————————	
TITLE			DELETE 6	1 TITLE			Chang	ge 🔲 Addition
NAME			6	2 NAME				
STREET ADDRESS			6	3 STREET	ADDRESS			
CITY - ST - ZIP			6	4 CITY-5	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:

213-707-9729