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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000098134 1. Corporation Name ADVANTAGE MARKETING INFORMATION, INC.			
Principal Place of Business 1634 KAUI COURT GULF BREEZE FL 32561		Mailing Address 1634 KAUI COURT GULF BREEZE FL 32561	
2. Principal Place of Business 21 310 W Blount St Suite, Apt. #, etc. 22 City & State 23 Pensacola FL Zip Country 24 32501 25 USA		2a. Mailing Address 26 310 W. Blount St. Suite, Apt. #, etc. 27 City & State 28 Pensacola, FL Zip Country 29 32501 30 USA	
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Timothy Handley 82 Street Address (P.O. Box Number is Not Acceptable) 310 W. Blount St. 83 84 City Pensacola FL 85 Zip Code 32501	
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 to both of 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 <i>Tim Handley</i> Timothy Handley DATE 4/28/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PSTD NAME HANDLEY, TIMOTHY STREET ADDRESS 1634 KAUI COURT CITY-ST-ZIP GULF BREEZE FL 32561		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 807, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

800-470-9330

Daytime Phone #

CR2E034 (1/98)