

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S51291** (0)

1. Corporation Name
MARKETING ECONOMICS, INC.



Principal Place of Business 7101 U.S. 19 NORTH PINELLAS PARK FL 34665-4611	Mailing Address 7101 U.S. 19 NORTH PINELLAS PARK FL 33781-4611
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3. Date Incorporated or Qualified 05/07/1991	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite Apt # etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3073342	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KEEFE, KENNETH D. 7101 U.S. 19 NORTH PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEEFE, KENNETH D.		1.2 NAME	
STREET ADDRESS 7084 S SHORE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE PTSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHERIDAN, LEO III		2.2 NAME	
STREET ADDRESS 7121 4TH AVE N		2.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHERIDAN, VIRGINIA P.		3.2 NAME	
STREET ADDRESS 7121 4TH AVE NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEEFE, HILDEGARDE		4.2 NAME	
STREET ADDRESS 7084 S. SHORE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		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 do 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: *L.D. Sheridan III* **L.D. SHERIDAN III** 1/26/97 813 525-1268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)