FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Socretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)S88163 GENERAL MARKETING GROUP, INC. Principal Place of Business Mailing Address 2648 LONG BOAT COURT. SOUTH 2649 LONG BOAT COURT, SOUTH PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/18/1991</u> 2. Principal Place of Business Mailing Address Applied For 59-3091125 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May 8e 23 Trust Fund Contribution Added to Fees Žiji Country Ζiρ This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUSCHMAN, ALBERT E. 2215 S. 3RD STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 83 JACKSONVILLE FL 32202 City 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 frame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change ___ Addition NAME GUALANO, GERALD M. 1.2 NAME 2648 LONG BOAT COURT S. STREET ADDRESS 1.3 STREET ADDRESS PONTE VEDRA BCH FL 1.4 CITY-ST-ZIP CITY-ST-7IP DELLTE Change Addition TITLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELFTE 4.1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 this copyright 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 charted, or on an attachment with an address

SIGNATURE:

We will be a statute of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 90 4 73 9569.

SIGNATURE:

We will be a statute of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 90 4 73 9569.

6 1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

Change

Addition