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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S93230

(8)

REGIONAL MARKETING GROUP, INC.

FILED Apr 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 3804 PRESERVE CT 3804 PRESERVE COURT										- 1 (20)(1946 419 (0)00 41116 11889 (1)111 0811 01011 01011 01011 01811 41811 41811 41811				
SUITE 202				SUF	TE 202									
TAMPA FL 33624 TAMPA FL 33624-3084									-	9 D-1- In	acceptant of Constituent	95.5	ate of Last	Depart
US										11/06/		. i	/01/1996	
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21 18908 Place Marguette					26 3959 Van Dyke Road					65-0	293962			Not Applicable
Suite, Apt	#, etc			<b>├</b> ──¬	Suite, Apt. #, etc	C.			1	5. Certific	ate of Status Desired			Additional Regulred
City & Stal	Jo			27	#182 Cily & State			<del></del>		<b>6 F</b> )	0			
1				28	•	r <del>r</del>					Campaign Financing und Contribution	П		May Be
Zip Lut:	z FL	Co	untry		<u>Lutz</u> F		Countr				rporation has liability for			
24 335	49	25	USA	29	33549	30	•	SA	j			Yes		a. 100.002,
	9. Name		idress of Currer		tered Agent			<u></u>	······	10. Name	and Address of New R	egistered	Agent	
7AC	HMAN, EU	GENE I	<b>1</b>				81	Name	9					
	4 PRESERV		•				82	Sa	eme	o (P.O. Boy	Number is Not Accepta	blo)		
	TE 202									an Dyk		(Dio)		
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							04		ıtz			FL		p Code 3549
11. Pursuant	to the provis	ions of	Sections 607.050	2 and 60	07.1508, Florida	Statutes, th	e abov	e-namer	d cornor	ation submi	ts this statement for the	nurnose	of changing	its registered
office or	registered ac	ient, or	both, in the State accept the oblig	of Florid	la. Such change	was author	rized b	y the co	rporation	n's board of	directors. I hereby acce	opt the ap	pointment a	is registered
	o ir ictirillicir w	ioi, airo	accept the olding	anons or,	, 3201011 007 1001	00, 1 101104	O LO LO LO	<b>.</b>						
SIGNATURE	Signorale types	or printed	naine of registered age	ent and little i	if applicable	(NOTE: Regi	stered Ag	ent signatu	re required	when reinstating	)	DATE		
12.			OFFICERS AN	D DIREC	TORS		13.			ADDITIO	NS/CHANGES TO OFF	CERS AN	ID DIRECTO	
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	Leby certify the	at the in	formation supplie	d with th	is filing does no				stated in	Section 1	9.07(3)(i), Florida Statu	tes. I furth	er certify th	at the

I do hereby certify that the information supplied with this hing does not qualify for the exemption stated in section 119.0(3)(i), Florida Statutes. 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 tempowered 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:

SIGNATURE AND TYPED OR PHINTED NAME

4-14-97

813-962-2919

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