

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

**FILED**  
**Jul 29 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V06159 (0)**

1. Corporation Name  
**FINANCIAL MARKETING CONSULTANTS, INC.**



Principal Place of Business <b>2150 GOODLETTE RD</b> <b>SUITE #200</b> <b>NAPLES FL 33940 34102</b>	Mailing Address <b>2150 GOODLETTE RD</b> <b>SUITE #200</b> <b>NAPLES FL 34102-4811</b>
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2. Principal Place of Business <b>21 SAME</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 SAME</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>01/13/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
22 City & State	27 City & State	4. FEI Number <b>65-0309085</b>		Applied For Not Applicable	
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SCHROEDER, DENNIS B</b> <b>2150 GOODLETTE RD.</b> <b>SUITE 200</b> <b>NAPLES FL 33940</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>EXECUTIVE VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SCHROEDER, DENNIS B</b>		1.2 NAME <b>JAMES D. CULLEN</b>	
STREET ADDRESS <b>2150 GOODLETTE RD., STE. 200</b>		1.3 STREET ADDRESS <b>2150 GOODLETTE RD., STE 200</b>	
CITY-ST-ZIP <b>NAPLES FL</b>		1.4 CITY-ST-ZIP <b>NAPLES, FLORIDA 34102</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME <b>HOLMAN, RICH</b>		2.2 NAME	
STREET ADDRESS <b>2150 GOODLETTE RD., STE. 200</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHROEDER, JUDITH A</b>		3.2 NAME	
STREET ADDRESS <b>2150 GOODLETTE RD., STE. 200</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (9/96)