

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

**FILED**

**Mar 20 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 675911 (2)**

1. Corporation Name  
**CONSOLIDATED MARKETING COMPANY, INC.**



Principal Place of Business

**7317 FAIRFAX DR.  
TAMARAC FL 33321  
US**

Mailing Address

**P.O. BOX 16374  
FT. LAUDERDALE FL 33318-6374  
US**

<b>3.</b> Date Incorporated or Qualified <b>06/18/1980</b>	<b>3a.</b> Date of Last Report <b>03/06/1996</b>
<b>4.</b> FEI Number <b>59-2004809</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**LEIBOWITZ, BEN  
7317 FAIRFAX DR.  
TAMARAC FL 33321**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures for the principal officers and directors of the corporation and for the registered agent and for the applicable (NOTE: Registered Agent signature required when re-instating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, ELLEN</b>	
STREET ADDRESS	<b>10756 CHARLSTON PL.</b>	
CITY - ST - ZIP	<b>COOPER CITY FL</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEIBOWITZ, BEN</b>	
STREET ADDRESS	<b>7317 FAIRFAX DR.</b>	
CITY - ST - ZIP	<b>TAMARAC FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEIBOWITZ, SHIRLEY</b>	
STREET ADDRESS	<b>7317 FAIRFAX DR.</b>	
CITY - ST - ZIP	<b>TAMARAC FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	<b>COHEN, ELLEN</b>	
<b>1.3</b> STREET ADDRESS	<b>10756 CHARLSTON PL.</b>	
<b>1.4</b> CITY - ST - ZIP	<b>COOPER CITY, FL. 33026</b>	
<b>2.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY - ST - ZIP		
<b>3.1</b> TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	<b>PHILIP FOX</b>	
<b>3.3</b> STREET ADDRESS	<b>400 S. HOLLYBROOK DR #102</b>	
<b>3.4</b> CITY - ST - ZIP	<b>PENBROKE PINES, FL 33026</b>	
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY - ST - ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY - ST - ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> 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 recipient of a 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:** *Ben Leibowitz Pres* **3/17/97** **954-720-5629**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)