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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47899 (2)
1. Corporation Name
THE FLORIDA CHAPTER OF THE MARKETING RESEARCH ASSOCIATION, INC.



Principal Place of Business 4020 SOUTH 57 AVE SUITE 103 LAKE WORTH FL 33463 US	Mailing Address 4020 SOUTH 57 AVE SUITE 103 LAKE WORTH FL 33463 US
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3. Date Incorporated or Qualified 03/16/1992	
4. FEI Number 59-3116150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1700 University Drive Suite, Apt. #, etc. 22 Suite 205 City & State 23 Coral Springs, FL Zip 24 33071	2a. Mailing Address 26 1700 University Drive Suite, Apt. #, etc. 27 Suite 205 City & State 28 Coral Springs, FL Zip 29 33071	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent
**STERMER, LOIS
4020 SO. 57T AVE
SUITE 103
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent
81 Name **Lois STERMER**
82 Street Address (P.O. Box Number Is Not Acceptable)
1700 University Drive
83 **Suite 205**
84 City **Coral Springs** **FL** 85 Zip Code **33071**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE Lois Stermer, Treasurer **Lois STERMER, Treasurer** **2/25/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLACKBURN, KATHRYN	
STREET ADDRESS	9250 BAY MEADOWS RD STE 350	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLAPP, DANIEL	
STREET ADDRESS	780 NW 107TH AVE STE 106/115	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLACKBURN, KATHRYN	
STREET ADDRESS	9250 BAYMEADOWS RD., STE. 350	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, SCOTT	
STREET ADDRESS	600 N WESTSHORE BLVD STE 507	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STERMER, LOIS	
STREET ADDRESS	4020 S. 57TH AVE., STE 103	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CONWELL, DOUG	
STREET ADDRESS	202 SOUTH PARKER ST	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cattell, Suzanne	
1.3 STREET ADDRESS	5450 Lake Howell Road	
1.4 CITY-ST-ZIP	Winter Park FL 32792	
2.1 TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hudson, Ann	
2.3 STREET ADDRESS	101 Philippe Pkwy Ste A	
2.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Montenegro, Luis	
3.3 STREET ADDRESS	760 NW 107th Ave. Ste 106/115	
3.4 CITY-ST-ZIP	Miami, FL 33172	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dixon, Dottie	
4.3 STREET ADDRESS	770 W. Granada Blvd, Ste 101	
4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
5.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STERMER, Lois	
5.3 STREET ADDRESS	1700 University Drive, Ste 205	
5.4 CITY-ST-ZIP	Coral Springs, FL 33071	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Blackburn, Kathryn	
6.3 STREET ADDRESS	9250 Bay Meadows Rd Ste 350	
6.4 CITY-ST-ZIP	Jacksonville FL 32256	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois Stermer, Treasurer **Lois STERMER** **954 255-2805**

CR2E037 (10/97)