

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90100 027 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47899**

1. Corporation Name  
**THE FLORIDA CHAPTER OF THE MARKETING RESEARCH ASSOCIATION, INC.**

Principal Place of Business 1700 UNIVERSITY DR STE 205 CORAL SPRINGS FL 33071 US	Mailing Address 1700 UNIVERSITY DR STE 205 CORAL SPRINGS FL 33071 US
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2. Principal Place of Business 21 <b>101 Philippe Parkway</b> Suite, Apt. #, etc. 22 <b>Suite A</b> City & State 23 <b>Safety Harbor, FL</b> Zip 24 <b>34695</b> Country 25 <b>USA</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified <b>03/16/1992</b>	4. FEI Number <b>59-3116150</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent <b>STERMER, LOIS</b> 1700 UNIVERSITY DR STE 205 CORAL SPRINGS FL 33071	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CATTELL, SUZANNE</b>		1.2 NAME	
STREET ADDRESS <b>5450 LAKE HOWELL RD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER PARK FL 32792</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUDSON, ANN</b>		2.2 NAME	
STREET ADDRESS <b>101 PHILIPPE PKWY, STE A</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SAFETY HARBOR FL 34695</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MONTENEGRO, LUIS</b>		3.2 NAME <b>HENRY, Denise</b>	
STREET ADDRESS <b>760 NW 107TH AVE, STE 106/115</b>		3.3 STREET ADDRESS <b>4112 NW 22nd Drive</b>	
CITY-ST-ZIP <b>MIAMI FL 33172</b>		3.4 CITY-ST-ZIP <b>Gainesville FL 32605</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DIXON, DOTTIE</b>		4.2 NAME <b>Kayton, Rodney</b>	
STREET ADDRESS <b>770 W GRANADA BLVD, STE 101</b>		4.3 STREET ADDRESS <b>5027 W. Laurel Street</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL 32174</b>		4.4 CITY-ST-ZIP <b>TAMPA, FL 33607</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STERMER, LOIS</b>		5.2 NAME	
STREET ADDRESS <b>1700 UNIVERSITY DR, STE 205</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRINGS FL 33071</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BLACKBURN, KATHRYN</b>		6.2 NAME <b>Callanan, Maria</b>	
STREET ADDRESS <b>9250 BAY MEADOWS RD, STE 350</b>		6.3 STREET ADDRESS <b>7551 Little Road</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>		6.4 CITY-ST-ZIP <b>New Port Richey, FL 34654</b>	

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, with all other like empowered.

SIGNATURE: Louis Stermer SIGNATURE REGISTERED 1/27/99 954755-2805  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)