

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12: 06

DOCUMENT # P94000075073 (4)

1. Corporation Name

M.P. INDEPENDENT MARKETING AND CONSULTING, INC.

Principal Place of Business

Mailing Address

7431 W ATLANTIC AVE  
SUITE 129 34  
DELRAY BEACH FL 33446

7431 W ATLANTIC AVE  
SUITE 129 SUITE 34  
DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/12/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7431 W ATLANTIC AVE

27 Suite, Apt. #, etc.

22 Suite, Apt. #, etc. SUITE 34

27 Suite, Apt. #, etc.

23 City & State DELRAY BEACH FL

27 City & State

24 Zip 33446

25 County Palm Beach

29 Zip

30 Country

4. FEI Number 65-0528179

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLATT, WILLIAM S  
400 N ANDREWS AVE  
SUITE 100  
FT LAUDERDALE FL 33301

81 Name PLOTSKER MILTON  
82 Street Address (P.O. Box Number is Not Acceptable) 7431 W ATLANTIC AVE  
83 SUITE 34  
84 City DELRAY BEACH FL 85 Zip Code 33446

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

*Milton PLOTSKER*

2/8/95

Signature typed or printed name of registered agent (not for application)

NOTE: Registered Agent Signature required when substituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	PLOTSKER, MILTON
STREET ADDRESS	% 7431-34 W ATLANTIC AVE SUITE 129
CITY- ST- ZIP	DELRAY BEACH FL 33446
TITLE	VST
NAME	PLOTSKER, MILTON
STREET ADDRESS	% 7431-34 W ATLANTIC AVE SUITE 129
CITY- ST- ZIP	DELRAY BEACH FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

*Milton PLOTSKER*

2/8/95

407 9991728

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

(Date)

(Telephone Number)