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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

清晰地 计话号 计可引



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000075073 (4)

M.P. INDEPENDENT MARKETING AND CONSULTING, INC.

7431 W ATLANTIC AVE 7431 W. ATLANTIC AVE SUITE #34 SUITE 34 DO NOT WRITE IN THIS SPACE **DELRAY BEACH FL 33446** DELRAY BEACH FL 33446 3. Date Incorporated or Qualified 10/12/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0528179 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes IZ-No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PLOTSKEZ, MILTON 7431 W ATLANTIC AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 34 83 **DELRAY BEACH FL 33446** City Zip Code 85 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** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE ☐ Change ☐ Addition NAME PLOTSKER, MILTON 1.2 NAME % 7431-34 W ATLANTIC AVE SUITE 129 STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL 33446 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PLOTSKER, MILTON 2.2 NAME NAME STREET ADDRESS % 7431-34 W ATLANTIC AVE SUITE 129 2.3 STREET ADDRESS DELRAY BEACH FL 33448 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE -Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP T DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in

Block 12 or Block 13 if changed, or on an attachment with an address.

4/1/98 54-369-2512

FILED

Apr 08 1998 8:00am

Secretary of State