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**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**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 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 place of business, registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b>	1.1 TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, ELLEN</b>	1.2 NAME	<b>COHEN, ELLEN</b>
STREET ADDRESS	<b>10756 CHARLSTON PL.</b>	1.3 STREET ADDRESS	<b>10756 CHARLSTON PL.</b>
CITY - ST - ZIP	<b>COOPER CITY FL</b>	1.4 CITY - ST - ZIP	<b>COOPER CITY, FL. 33026</b>
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEIBOWITZ, BEN</b>	2.2 NAME	
STREET ADDRESS	<b>7317 FAIRFAX DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMARAC FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEIBOWITZ, SHIRLEY</b>	3.2 NAME	<b>PHILIP FOX</b>
STREET ADDRESS	<b>7317 FAIRFAX DR.</b>	3.3 STREET ADDRESS	<b>400 S. HOLLYBROOK DR #102</b>
CITY - ST - ZIP	<b>TAMARAC FL</b>	3.4 CITY - ST - ZIP	<b>PENBROKE PINES, FL 33026</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 trust so 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)