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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUI 1. Corporatio	1997 MENT # P9300 Marketing, Inc.	0007912 (7)	ORPORATIONS			
Principal Place of Business 265 S. FEDERAL HIGHWAY SUITE 283		Mailing Address 265 S. FEDERAL HIGHWAY SUITE 293		1 30011001 310 10183 19111 00111 00111 10111	. 15 OZIŞF BANKI 1 <b>3616</b> 10101 110	10 SFQ1 78 01
DEERFIELD BI	EACH FL 33441	DEERFIELD BEACH FL 334	41-4161	3. Date incorporated or Qualified 02/01/1993	3a. Date of Last R 05/16/1996	leport
	Place of Business	2a. Mailing Address		4. FEI Number 65-0391002	<del></del>	pplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				ot Applicable Additional
22		27]		5. Certificate of Status Desired	1 1	equired
City & Stat	10	City & State		6. Election Campaign Financing		May Be
<b>23</b> ] Zip	Country	7 <sub>IP</sub>	Country	Trust Fund Contribution  B. This corporation has tiability for		to Fees
24	25	<u></u> , ` ,	30	, -	Yes No	. 193.002,
·	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	glatered Ağent	
	es, beverly		81 Name			
	S.E. OLIVE WAY		82 Street Add	Iress (P.O. Box Number is Not Acceptal	ole)	
BO	CA RATON FL 33432		83			
			84 City		FL  85   Zip	Code
SIGNATURE	Signature, typed or printed name of registered a	igent and fille if applicable. (NOTE	Registered Agent signature requ		DATE	
TILE	D OFFICERS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR  Change	RS IN 12
NAME	PIPES, BEVERLY	₽ offer	1.2 NAME		Li change	Production
STHEET ADDRESS	33 S.E. OLIVE WAY		1.3 STREET ADDRESS			
CiTY-S1-ZiP	BOCA RATON FL 33330		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP TITLE	i	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change	Addition
NAME		C Decent	3.2 NAME		ondiffe	ruonion
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City - St - ZIP		heiffe	4.4 CITY-ST-ZIP			Tanni.
TITLE		DELETE	51 TITLE		Change	Addition
NAME CTOSES ANODERS			5.2 NAME			
STREET ADDRESS CITY-ST-ZIP	1		5.3 STREET ADDRESS 5.4 City-St-Zip			
THUE	, pr	DELETE	6.1 TITLE	<del> </del>	☐ Change	Addition
NAME		<del></del>	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City.St. 7iP			6.4 CITY - ST - 710			

14. If 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 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: SIGNATURE AND FEED OF PRINTE NAME OF SIGNING OFFICER OF DIRECTOR PROPERTY POES 4-12-97 5

ime Phone #

**FILED** 

Apr 16 1997 8:00am

Secretary of State