

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:05

DOCUMENT # 279030 (1)

1. Corporation Name

MARKETING & RESEARCH SERVICES INC

Principal Place of Business

151 SE 15TH RD.
FLOOR 10
MIAMI FL 33129-1247

Mailing Address

151 SE 15TH RD.
FLOOR 10
MIAMI FL 33129-1247

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1964

3a. Date of Last Report

02/17/1994

4. FBI Number

59-1154966

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORSE, IRWIN S.
BRICKELL EAST, FL 10, 151 SE 15TH RD.
MIAMI FL 33129

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MORSE, IRWIN
STREET ADDRESS 151 S.E. 15TH ROAD, 10 FLOOR
CITY - ST - ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SD
NAME JOHNSTON, F.B.
STREET ADDRESS 10901 CARROLLWOOD DRIVE
CITY - ST - ZIP TAMPA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE PD
NAME MORSE, IRWIN S
STREET ADDRESS 151 SE 15 RD 10 FLR
CITY - ST - ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME KNUDSEN, HAROLD F
STREET ADDRESS RT 13 BOX 478
CITY - ST - ZIP HENDERSONVILLE NC

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME JOHNSTON, F B
STREET ADDRESS 10901 CARROLLWOOD DR.
CITY - ST - ZIP TAMPA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE T
NAME GIANNONE, GLORIA
STREET ADDRESS 10500 SW 42 TERRACE
CITY - ST - ZIP MIAMI, FL 00000

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 is an attachment with an address.

SIGNATURE:

Irwin S. Morse, M.D. 2/10/95 305-577-0592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR