FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 28 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: **03/02/1964**

3a. Date of Last Report: **02/16/1995**

4. FEI 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Section 607.0505 and 607.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MORSE, IRWIN		1.2 NAME	
STREET ADDRESS	151 S.E. 15TH ROAD, 10 FLOOR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY, ST, ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, F.B.		2.2 NAME	
STREET ADDRESS	10901 CARROLLWOOD DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY, ST, ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORSE, IRWIN S		3.2 NAME	
STREET ADDRESS	151 SE 15 RD 10 FLR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY, ST, ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KNUDSEN, HAROLD F		4.2 NAME	
STREET ADDRESS	RT 13 BOX 478		4.3 STREET ADDRESS	
CITY-ST-ZIP	HENDERSONVILLE NC		4.4 CITY, ST, ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, F B		5.2 NAME	
STREET ADDRESS	10901 CRROLLWOOD DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY, ST, ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GIANNONE, GLORIA		6.2 NAME	
STREET ADDRESS	10500 SW 42 TERRACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000		6.4 CITY, ST, ZIP	

CR2E034 (12/95)

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 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: 5/24/96 Date 305-577-0592 Telephone Number

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR