FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JAN 18 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **315412** **(7)**

1. Corporation Name
MANUFACTURERS MARKETING REPRESENTATIVES, INC

Principal Place of Business	Mailing Address
8401 S.W.90 ST. MIAMI FL 33156	8401 S.W.90 ST. MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1967
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1162562 ☐ 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

9. Name and Address of Current Registered Agent

ESSEX, LEON
8401 SW 90 STREET
MIAMI FL 33156

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 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ESSEX, GLORIA A	1.2 NAME	M. Leon Essex	
STREET ADDRESS	8401 SW 90TH ST	1.3 STREET ADDRESS	8401 S.W. 90 St.	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	DP	2.1 TITLE	V	☐ Change ☒ Addition
NAME	ESSEX, LEON	2.2 NAME	Leon E. Essex	
STREET ADDRESS	8401 SW 90TH ST	2.3 STREET ADDRESS	948 Burrisridge Drive	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Lakeland, Fl. 33809	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	George Sherman Essex	
STREET ADDRESS		3.3 STREET ADDRESS	8401 S. W. 90 St.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE		4.1 TITLE	T	☒ Change ☐ Addition
NAME		4.2 NAME	Gloria A. Essex	
STREET ADDRESS		4.3 STREET ADDRESS	8401 S. W. 90 St.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE		5.1 TITLE	S	☐ Change ☒ Addition
NAME		5.2 NAME	Kimberly Essex	
STREET ADDRESS		5.3 STREET ADDRESS	948 Burrisridge Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lakeland, Fl. 33809	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

NO 1/20

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 added, or an attachment with an address.

SIGNATURE: M. Leon Essex 1/10/95 (305) 274-3441
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

D160031 CP