

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 AUG 13 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **496303** (9)  
1. Corporation Name  
**RIFE MARKET RESEARCH, INC.**



Principal Place of Business <b>1111 PARK CENTRE BLVD #111 MIAMI FL 33169</b>	Mailing Address <b>1111 PARK CENTRE BLVD #111 MIAMI FL 33169</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/10/1976</b>	3a. Date of Last Report <b>05/01/1996</b>
21		26		4. FEI Number <b>59-1668861</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>STRICKROOT, JOHN C 100 S.E. 2ND STREET 17TH FLOOR MIAMI FL 33131</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>800002270658-6</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIFE, MARY</b>		1.2 NAME	
STREET ADDRESS <b>1012 STILLWATER DRIVE</b>		1.3 STREET ADDRESS <b>-08/19/97--01011--001</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		1.4 CITY-ST-ZIP <b>****165.00 ****165.00</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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 or changed, or on an attachment with an address.

CR2E034 (4/97)

1111 PARKCENTRE BLVD., SUITE 111 • MIAMI, FLORIDA 33169 • TEL (305) 620-4244 • FAX (305) 621-3533 • MEMBER AMA & MRA



## RIFE MARKET RESEARCH, Inc.

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July 25, 1997

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir:

As per our recent conversation on July 14, 1997, I respectfully request that you accept this payment of \$165.00, as our original check, paid in a timely fashion has been lost in the mail.

As a certified minority vendor, in business in Florida for 40 years, I am fully aware of the necessary filings and have always been compliant.

I have signed the new form sent by your office and am enclosing the pre-printed form I received when notified that you had not received my payment.

If I can be of any further assistance, please contact me at 305-620-4244.

Thank you for your time and consideration.

Sincerely,

*Mary Rife*  
Mary Rife  
President

MR/es