

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 610728 (8)

1. Corporation Name

MARKETING ASSOCIATES/USA, INC.



Principal Place of Business

**TAMPA INTERNATIONAL AIRPORT
TAMPA FL 33607**

Mailing Address

**TAMPA INTERNATIONAL AIRPORT
TAMPA FL 33607**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

**DARREY, JEFFREY A
4704 HERON LANE
TAMPA FL 33629**

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 607.05 and 607.15, Florida Statutes, the above named corporation submits the 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, the undersigned, hereby accept the appointment as registered agent, I am familiar with, and accept the obligation of, Sections 607.05 and 607.15, Florida Statutes.

SIGNATURE

Signature of person accepting appointment as registered agent

Signature of officer or director of corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PTD
DARREY, JEFFREY A
4704 W HERON LANE
TAMPA FL
S
DARREY, SHARON A
4704 W HERON LANE
TAMPA FL
V
SMITH, J.E.
14755 FEATHER COVE RD
CLEARWATER FL**

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I do hereby certify that the information supplied herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this annual report or supplemental annual report is true and correct to the best of my knowledge and belief, 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 estate, or trustee, empowered to execute this report to comply with Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or originally listed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

CR2E034 (12/95)