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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **675911** **(2)**

1. Corporation Name
CONSOLIDATED MARKETING COMPANY, INC.

Principal Place of Business
7317 FAIRFAX DR.
TAMARAC FL 33321
US

Mailing Address
P.O. BOX 16374
FT. LAUDERDALE FL 33318-6374
US

3. Date Incorporated or Qualified: **06/18/1980**
3a. Date of Last Report: **03/06/1996**

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

4. FEI Number: **59-2004809** ☐ 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
LEIBOWITZ, BEN
7317 FAIRFAX DR.
TAMARAC FL 33321

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
Signature of the particular class of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	VSD	☒ Change ☐ Addition
NAME	COHEN, ELLEN		1.2 NAME	COHEN, ELLEN	
STREET ADDRESS	10756 CHARLSTON PL.		1.3 STREET ADDRESS	10756 CHARLESTON PL.	
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP	COOPER CITY, FL. 33026	
TITLE	PTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEIBOWITZ, BEN		2.2 NAME		
STREET ADDRESS	7317 FAIRFAX DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LEIBOWITZ, SHIRLEY		3.2 NAME	PHILIP FOX	
STREET ADDRESS	7317 FAIRFAX DR.		3.3 STREET ADDRESS	400 S. HOLLYBROOK DR #102	
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE: Ben Leibowitz Pres 3/17/97 954-720-5629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

(70591