FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F85170

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FILED Jan 16 1998 8:00am Secretary of State

	MARKETING ASSOCIATES	S, INC. Mailing Address			
1					
13620 49TH STREET N. 13620 49TH STREET N. CLEARWATER FL 34622 CLEARWATER FL 34622					
				DO NOT WRITE IN	THIS SPACE
•				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		06/14/1982 4. FEI Number	Annihad Fa-
21	idoo oi exiomodo	26		59-2198343	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CO 75 A 1111
22		27		5, Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28	Country		Added to Fees
Zip 24 33.	76Z 25 Country	29 3376Z	Country 30	8. This corporation owes or has paid	
<u>ر. ر. 24</u>	9. Name and Address of Currer	N Registered Agent	[30]	Personal Property Tax due June 30 10. Name and Address of New Regis	
FS	CHENROEDER, EDWARD E.		81 Name	10.	
JARAN MINIALI DAGU DALD				ress (P.O. Box Number is Not Acceptable)	
13300 INDIAN HOCK HOAD \$2101			62 Sireel Add	ress (P.O. Box Number is Not Acceptable)	
	RGO FL 33774		83		
			84 City		85 Zip Code
					FL
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purp tion's board of directors. I hereby accept the	oose of changing its registered
agent La	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.	lition's board of directors. I hereby accept to	ne appointment as registered
SIGNATURE					
10	Signature, typed or printed name of registered age		Registered Agent signature requi		DATE.
12.	VSD OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	ESCHENROEDER, EDWARD &		1.2 NAME		L Orlange L Applificit
STREET ADDRESS	13300 INDIAN ROCKS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774	OF 101	1.4 CITY-ST-ZIP		
TITLE	PTD	DELETE	2.1 TITLE		Change Addition
NAME	ESCHENROEDER, ROGER		2.2 NAME		
STREET ADDRESS	12408 CHICKASAW TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		2 4 CITY-ST-ZIP		
TITLE		DELFTE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T reper	3 4. CITY - \$1 - ZIP		
TITLE		☐ DELFTE	4.1 TITLE		☐ Change ☐ Addition
NAME ADDDESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		been	5.2 NAME		C outling C Woothout
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST- 7IP		
101LE		DELETE	61 THLE		Change Addition
NAME		-	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
			- 0.1 0111 01 EH		

I hereby cortity 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 pame appears in Block 12 or Block 13 if changed, or on attachment with an address.