

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96356** (3)
1. Corporation Name
RODAN MARKETING CORPORATION

Principal Place of Business Mailing Address
17101 NE 19TH AVE STE 204 17101 NE 19TH AVE STE 204
N MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/17/1982 **03/18/1994**

4. FEI Number Applied For
59-2227845 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LILES, BERNARD
11142 GREEN LAKE DRIVE
BOYNTON BEACH FL 33437

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVS
NAME DAVIDOVIC, ROBERT
STREET ADDRESS 17101 NE 19TH AVE., STE 204
CITY-ST-ZIP N MIAMI BCH. FL
TITLE DPT
NAME DAVIDOVIC, STELLA
STREET ADDRESS 17101 NE 19TH AVE., STE 204
CITY-ST-ZIP N MIAMI BCH. FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X ROBERT DAVIDOVIC 1-11-95 (305) 947-9636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)