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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 14 1998 8:00am

Secretary of State

DOCUMENT # F9700000697 (9)

TEAM MARKETING SOUTH, INC. Principal Place of Business Mailing Address 750 LEXINGTON AVE. 750 LEXINGTON AVE. NEW YORK NY 10022 NEW YORK NY 10022 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 VAN BLARKOM, JEROME B 1942 SE AIRES 82 PT. ST. LUCIE FL 34984 83 84 Zip Code City loyda Statutes, the above-named corporation submits this statement for the purpose of changing its registered ylange was authorized by the corporation's board of directors. I hereby accept the appointment as registered 007,0505, Florida Statutes. office or registered agent, or both, in agent. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TO LE TITLE LIEBOWITZ, DAVID 1.2 NAME NAME 650 PARK AVE. 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10021** 1.4 CHY-ST-ZIP CITY-\$T-ZIP DELETE Change Addition TITLE 21 10116 NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 2 4 CITY-ST-ZIP DELETE ☐ Change Addition 31 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 13 if chapted, or on an all teleprent with an address.

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