
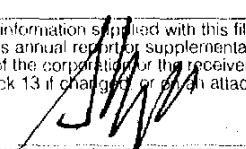


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G27074 (5)</b>					
1. Corporation Name <b>MART MARKETING INC.</b>					
Principal Place of Business <b>% SY MAZOFF 150 S UNIVERSITY DR. SUITE F PLANTATION FL 33324</b>			Mailing Address <b>150 S UNIVERSITY DR SUITE F PLANTATION FL 33324-3349 US</b>		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>03/09/1983</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report <b>03/07/1996</b>	
City & State 23		City & State 28		4. FEI Number <b>59-2260367</b>	
Zip 24		Country 25		Applied For <input type="checkbox"/> Not Applicable	
Country 29		Zip 30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>MAZOFF, SY 4945 NW 82 AVENUE LAUDERHILL FL 33319</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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.				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE Signature, typed or printed name 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 <b>PO</b> <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MAZOFF, SY</b>				1.2 NAME	
STREET ADDRESS <b>150 S UNIVERSITY DR</b>				1.3 STREET ADDRESS	
CITY- ST- ZIP <b>PLANTATION FL</b>				1.4 CITY- ST- ZIP	
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME				2.2 NAME	
2.3 STREET ADDRESS				2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP				2.4 CITY- ST- ZIP	
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME				3.2 NAME	
3.3 STREET ADDRESS				3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP				3.4 CITY- ST- ZIP	
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME				4.2 NAME	
4.3 STREET ADDRESS				4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP				4.4 CITY- ST- ZIP	
5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME				5.2 NAME	
5.3 STREET ADDRESS				5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP				5.4 CITY- ST- ZIP	
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME				6.2 NAME	
6.3 STREET ADDRESS				6.3 STREET ADDRESS	
6.4 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 an attachment with an address.					
SIGNATURE:  <b>FILED</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

1/16/97 (954) 370-0504