

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA 33604
Telephone: (813) 236-1000
Fax: (813) 236-1001

APPROVED
AND
FILED

05 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G76067**

(9)

MARKETEERS, INC.

(PLEASE PRINT IN THIS SPACE)

Previous Name: **MARKETEERS, INC.**
Mailing Address:
% R ZELDNER
1502 BELFREY DR
VENICE FL 34292

3. Date incorporated or chartered 01/01/1984	3a. Date of Last Report 03/31/1994
4. FEI Number 59-2349935	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 fully met its obligations under the Florida Statutes. ☐ Yes ☐ No	

2. Principal Office Location 21	2a. Mailing Address 26
State: FL	State: FL
City: VENICE	City: VENICE
Zip: 34292	Zip: 34292

9. Name and Address of Current Registered Agent BRADFORD, JACKSON S. 544 NOKOMIS AVE S. VENICE FL 33595	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
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11. Pursuant to the provisions of Sections 219.02 and 219.03, Florida Statutes, this above-named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 Sections 219.02 and 219.03, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME DP ZELDNER, RUTH M 1502 BELFREY DR VENICE, FL 00000	1. NAME ZELDNER, RUTH M 2. STREET ADDRESS 1502 BELFREY DR 3. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME D ZELDNER, ESCHÉ 1502 BELFREY DR VENICE FL	4. NAME ZELDNER, ESCHÉ 5. STREET ADDRESS 1502 BELFREY DR 6. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME 	7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME 	10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME 	13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME 	16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP	☐ Change ☐ Addition	
NAME 	19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP	☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 219.02 and 219.03, Florida Statutes. I further certify that the signatures indicated on this annual report or supplemental annual report are true and accurate and that my signature that covers this same report effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 1437, Florida Statutes, and that my name appears in Block 1, 2, or Block 3 of this report. I am an attachment with an address.

SIGNATURE: **Ruth M Zeldner - RUTH M ZELDNER** **PRESIDENT** **04/29/95 (813) 484-3281**