

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G85877** (0)

1. Corporation Name

P.B.E. MARKETING ASSOCIATES, INC.



Principal Place of Business

**POST OFFICE BOX 467
HOLLYWOOD FL 33022-7467**

Mailing Address

**POST OFFICE BOX 467
HOLLYWOOD FL 33022-7467**

3. Date Incorporated or Qualified
02/22/1984

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2380500

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLBURN, ELISA G.
524 N DIXIE HWY
HOLLYWOOD FL 33020**

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 signing officer or director

Signature typed or printed name of signing officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

**SINCLAIR, CHRISTOPHER
4017 SOUTH LAKE TERRANCE
MIRAMAR FL**

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

ST

**BLOOMFIELD, ROBERT
522 N. DIXIE HWY.
HOLLYWOOD FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

**COLBURN, ELISA
524 N DIXIE HWY
HOLLYWOOD FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

**LEVY, INGRID
400 S DIXIE HWY
HOLLYWOOD FL**

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

FRANK, DANIELLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

SD

**SINCLAIR, CHRISTOPHER
524 N. DIXIE HWY
Hollywood, FL 33020**

☒ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

2. NAME

2.3. STREET ADDRESS

2.4. CITY - ST - ZIP

3. TITLE

3. NAME

3.3. STREET ADDRESS

3.4. CITY - ST - ZIP

4. TITLE

4. NAME

4.3. STREET ADDRESS

4.4. CITY - ST - ZIP

SP

**EVANS, INGRID
400 S DIXIE HWY
Hollywood, FL**

☒ Change ☐ Addition

5. TITLE

5. NAME

5.3. STREET ADDRESS

5.4. CITY - ST - ZIP

**FRANK, DANIELLE
2800 River PK. Blvd.
Orlando, Florida 32817**

☐ Change ☒ Addition

6. TITLE

6. NAME

6.3. STREET ADDRESS

6.4. CITY - ST - ZIP

**FRANK, DANIELLE
14105 Sheridan St.
Ft. Lauderdale, FL 33330**

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 on an attachment with an address.

SIGNATURE:

Ingrid Evans Ingrid Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

954-922-1737

DATE

DATE OF FILING

CR2E034 (12/95)