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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H66377 **DOCUMENT #**

(3)

MARKETRONICS COMMUNICATIONS CORP.

Principal Place of Business Mailing Address



Sunfise Fl	NTIONAL PKWY 33325	320 International Sunrise FL 33325	PKWY		3. Date incorporated or Qualified 07/16/1985	3a. Date of	Last Re	
Dula sin al Dia	on of Displace	De Maiton Addresses			4. FEI Number	00/	`	Applied For
z, Principai Pia	ace of Business	2a. Mailing Address 26			59-1842249		h	ot Applicable
Suite, Apt	¥, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State		*	Election Campaign Financing Trust Fund Contribution		,	May Be I to Fees
Zp	Country	Zip	Countr	у	8. This corporation has liability for i	ntangible tax u	inder s	199.032,
มี	25	29	30		Florida Statutes	□ No		
<u></u>	g, Name and Address of Currer	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New R	egistered Ag	ent	
			8	l Name				
2021 T	ER, GENE K. /Ler St. Nood Fl 33022		82 Stre		dress (P.O. Box Number is Not Acceptab	le)		
			8	4 City			85 Zip	Code
or register	ed agent, or both, in the State of Flori	da. Such change was authoriz	zed by the cor	-named corpo poration's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	pose of chang pintment as rec	jing its re gistered	egistered offi agent. I am
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6 4 CITY - ST - ZIP CITY-ST-ZIP It with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further chiual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under regulation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supple certify that the information indicated on this oath; that I are an officer or director of the appears in block 12 or Block 13 if chapted.

4.4 C-TY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHTY - ST - ZIP

5.2 NAME

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

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CITY-SI-ZIP

CITY-ST-ZIP

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DELETE

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Change

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☐ Addition

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