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

STREET ADDRESS CITY - ST - ZIP

SIGNATURE:

Block 12 or Block 13 if changed,

Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H71266 MARKETECH, INC. Principal Place of Business Mailing Address 8143 MIZNER LANE 8143 MIZNER LANE **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1985 Applied For 2a. Mailing Address 2. Principal Place of Business 16906KNHHTSBRIDGE LAZE 16906 KNIGHTSBRIDGE 59-2827747 Not Applicable Sulte, Apt. #, etc \$8,75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be DIRROY BAS Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible iesa 3341 Yes Yes Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BARR, JAMES 8143 MIZNER LANE 82 **BOCA RATON FL 33433** 83 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE VSD TITLE 12 NAME NAME BARR, JAMES 8143 MIZNER LANE 1.3 STREET ADDRESS ノムタロち KN/8475(BR/DOG LAST STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE PDT 2.2 NAME BARR, GAYLE NAME L POLKINOWINGCIDES L 8143 MIZNER LANE 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change Addition TITLE 62 NAME NAME

6.3 STREET ADDRESS

14. I 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 suppliemental 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

ath chment with an address

FILED

4/20/98 54-638-1540