## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE FILED SECRETARY OF STATE CORPORATION Sandra B. Mortham DIVISION OF CORPORATIONS ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUL 23 AN ID: 35 DOCUMENT # H99967 (2)NATIONAL SUCCESS MARKETING, INC. Principal Place of Business Mailing Address 2574 NORTH UNIVERSITY DRIVE. SUITE 201 2574 NORTH UNIVERSITY DRIVE, SUITE 201 SUNRISE FL 33322 SUNRISE FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/18/1986 01/22/1996 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For 21 59-2681260 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country Zip Zip This corporation owes or has paid the curren year Intangible 24 25 Personal Property Tax due June 30. Yes Yes 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANZIG, SHEILA 2574 N. UNIVERSITY DR. #201 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 83 84 City Zip Code 85 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 registered agent and title if applicable (NOTE Registered Agont's gnature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ DELETE Change Addition TITLE 1.1 1ITLE 100002247581---07/25/97--01030--016 DANZIG, SHEILA NAME 12 NAME CR2E034 2574 N. UNIVERSITY DR. STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*165.00 SUNRISE FL \*\*\*\*165.00 1.4 CiTY-ST-ZiP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE DANZIG, WILLIAM NAME 2.2 NAME 2574 N. UNIVERSITY DR. STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL CHTY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$T-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-X 5.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 of the receiverse 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.