

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 30 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J30044 (8)
1. Corporation Name
MARKETING DESIGN FORCE INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1601 BELVEDERE RD
SUITE 501 SOUTH
WEST PALM BEACH FL 33406**

Mailing Address
**1601 BELVEDERE RD
SUITE 501 SOUTH
WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified
08/22/1986

4. FEI Number
59-2709643

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent
**PALMARIELLO, JOAN
1601 BELVEDERE RD.
W PALM BCH FL 33406**

10. Name and Address of New Registered Agent

81 Name
CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83

84 City
Plantation

85 Zip Code
FL 33324

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 607.0502, Florida Statutes.

SIGNATURE *Connie Bryan* **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY DATE **4/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, PHILLIP R	1.2 NAME	Phillip Hale
STREET ADDRESS	1601 BELVEDERE RD., STE 501, SOUTH	1.3 STREET ADDRESS	1601 Belvedere Road, Suite 501S
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS PALMARIELLO, JOAN	2.2 NAME	Charles M. Diaz
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 D.	2.3 STREET ADDRESS	1601 Belvedere Road, Suite 501s
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PCEO BUDDMEYER, DAVID	3.2 NAME	300002515803--8
STREET ADDRESS	1601 BELVEDERE RD. #501	3.3 STREET ADDRESS	-05/07/98--01097--017
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPF KNIGHT, WARREN	4.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD. #501	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAS RUFFIN, ROBERT	5.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD. #501	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HALE, PHILLIP	6.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD. #501	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	

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 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 changing it, or on an attachment with an address.

SIGNATURE: *Charles M. Diaz* **Charles M. Diaz, V.P. & Sec. 4/28/98 561/689-9970**

CR2E034 (10/97)