5-8-97 B 6584 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

MOTIVE REPS, INC.

Principal Place of Business

Mailing Address

10870 STONEBRIDGE BLVD.

10670 STONEBRIDGE BLVD.

FILED May 08 1997 8:00am Secretary of State



BOCA RATON	FL 83498	BOCA RATON FL 33498-	6431					
					Date incorporated or Qualified 01/16/1987		le of Last 12/1996	
	ace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number			Applied For
21	D .	26	/ 		11-2544080			Vot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Stato			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip 24	Country 25	Zip 29	30	intry	This corporation has liability for in Florida Statutes	tangible Yes		s. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered A	gent	
106	ENBAUM, SHERMAN 70 STONEBRIDGE BLVD. CA RATON FL 33498			81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptabl	e)		
• • • • •				84 City	Programme and the second secon	FL	85 Zij	o Code
SIGNATURE					rporation submits this statement for the pu ation's board of directors. I hereby accep		changing intrnent a	its registered is registered
	Signature, typed or printed name of registered agen OFFICERS AND			Agent signature req	uired when reinstating)	DATE		
12.	DEFICERS AND	DELETE	13.	1/6	ADDITIONS/CHANGES TO OFFICE	LHS AND	Change	
NAME	GREENBAUM, SHERMAN	L. Delett	1.2 N/				Onange	L_J NOOIIIOII
STREET ADDRESS	10670 STONEBRIDGE BLVD			REE1 AODRESS				
CITY-ST-ZIP	BOCA RATON FL			TY-S1-ZIP				
TITLE	ST ःः ह	DETEAE	2.1 TI				Change	☐ Addition
NAME	GREENBAUM, FRANCES		2.2 NA	IME .				
STREET ADDRESS	10670 STONEBRIDGE BLVD		2.3 S1	REFT ADDRESS				
CITY-ST-ZIP	BOCA RATON FL	DELETE		TY-ST-ZIP			— ·	
TITLE NAME		ב טנננונ	3.1 10	· 1			Change	Addition
STREET ADDRESS			3.2 NA	REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	4.1 TO				Change	Addition
NAME			4.2 N	AME				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST-7/P				
TITLE		DELETE	5.1 10	LĒ			Change	Addition
NAME			52 NA	IME				
STREET ADDRESS			5.3 ST	REE1 ADDRESS				
CITY-ST-ZIP			5.4 Ci	IY-SI-ZIP				
TITLE		DELETE	6.1 111	TE T			Change	Addition
NAME			6.2 NA	IME				
STREET ADDRESS			6.3 ST	ree1 address				
CITY-ST-ZIP			6.4 Ci	TY - \$1 - 2IP				

To 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 eath, 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.