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

DOCUMENT #

J96534

(9)

NORTHWESTERN GROUP MARKETING ASSOCIATES OF SOUTH EAST FLORIDA, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principa! Plac	e of Business	Mailing Ad	Mailing Address				- I NODINIO OLLO IDLIO ORIBI BINO ILLIN OLDE ORBIN ARBIN STORL ORDIL REELU DIBLE 1800:		
% CHARLES E. MCINTYRE SUITE 5100. 2101 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309		SUITE 510	% CHARLES E. MCINTYRE SUITE 5100. 2101 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309				DO NOT WRITE IN THIS	SDACE	
70111 01002	TO THE TE STORY	TONI DAL	DENDALE PL 30	300			3. Date Incorporated or Qualified 10/07/1987	OI AOL	
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number	A	pplied For
21		26	26				65-0009819		ot Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.						Additional
22		27					5. Certificate of Status Desired	Fee R	equired
City & Stat	е	City &	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip	<u>├</u> ─┐				8. This corporation owes or has paid the cur	reny year Ir	tangible
24	25	29		30					No
	9. Name and Address of Currer	it Registered A	gent				10. Name and Address of New Registered	Agent	
	INTYRE, CHARLES E.			į,	81	Name			
	ITE 5100		F			Street Addr	ess (P.O. Box Number is Not Acceptable)		
) 1 West commercial blvd.					and the factors (1.0, box harmost is not Acceptable)			
FO	RT LAUDERDALE FL 33309			[*	83				
					84	City		ar Zin	C-d-
					- 1	-	FL		Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508	Florida Statute	s, the ab	ove	-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	changing	its registered
agent. I a	egistere d agent, or both, in the state m fam iliar with, and accept the oblig	oi Fiorida, Such ations of, Section	i change was at n 607.0505, Flor	utnorized rida Statu	ı by Jtes	the corporat	ion's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE	, ,								
	Signature, typed or printed name of registered ago		e (NOTE	Registered	Ager	nt signature requir	ed when reinstating) DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND		RS IN 12
TITLE	PDS	DELETE 1.1 TI		1.1 TITL	1.1 TITLE			Change	Addition [
NAME	MCINTYRE, CHARLES E.			1.2 NAM	ME				
STREET ADDRESS	2101 W. COMMERCIAL BLVD	•		1.3 STR	REET	ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CIT	Y-ST	r- ZIP			
TITLE			DELET e	2.1 TITU	.F			Change	Addition
NAME				2.2 NAM	ИE				İ
STREET ADDRESS				2.3 STR	EFT /	ADDRESS			ı
CITY-ST-ZIP				2. 4 CIT	Y-\$1	T-ZIP			
TITLE			DELETE	3.1 TITE	.E			Change	Addition
NAME				3.2 NAN	Æ.	1			ļ
STREET ADDRESS				3.3 STR	EET A	ADDRESS			1
CITY-ST-ZIP				3.4. CIT	Y-\$1	T- ZIP			1
TITLE			DELETE	4.1 TITL	.E			Change	Addition
NAME				4. 2 NAI	ME				
STREET ADDRESS				4.3 STR	EE1 A	ADDRESS			
CITY-ST-ZIP				4.4 CiTy	r-st	- ZIP			
TITLE			DELETE	5.1 TITL	E			Change	Addition
NAME				5.2 NAM	AE.			_	
STREET ADDRESS				5.3 STRI	EET A	ADDRESS			
CITY-ST-ZIP				5.4 CITY					
TITLE			DELETE	6 1 1HTL				Change	Addition
NAME				6.2 NAM					
STREET ADDRESS				1		ADDRESS			
CITY-ST-ZIP				6.4 CITY					
	ertify that the information supplied w	th this files des	o not evalible for				Caption 410 07/07/3 Classica Deat to a Life the cap	AM 11 . 41	

indicated on this annual report or 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 changed, or or an attachment with an address.

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