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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 21 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K10073

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J. R. MARKETING SALES, INC. Principal Place of Business Mading Address 2001 SW 31 AVENUE 2001 SW 31 AVENUE P.O. BOX 56043 P.O. BOX 56043 HALLANDALE FL 33009 HALLANDALE FL 33009-3830 3a. Date of Last Report 3. Date Incorporated or Qualified 01/04/1988 01/25/1996 2. Principal Place of Busines 2a. Mailing Address 4. FEI Number Applied For 25 33 65-0022679 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax upder s. 199.032, Yes T 30 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SILVERMAN, SYDNEY 81 Name 2601 SW 31ST AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) HALLANDALE FL 33009 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Significant type of our product recent of registered agent and per if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE SILVERMAN, SYDNEY 1.2 NAME 32E034 2533 S. PARK RO. NAME 2601 SW 31 AVE 1.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 1.4 CITY-ST-ZIP CBY-ST ZiF DELETE 2.1 THILE ☐ Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST- ZIP DELETE Channe Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP .CiTY - ST - ZIP DELETE Change ___ Addition 51 TITLE TIFLE 5.2 NAME NAV E 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZIP City - ST - ZIP DELETE Change Addition DILE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - 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 frue 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 consoration or the receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or an appear or an appear of the product of the consoration of the receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name