FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$ 50.00 **PROFIT** Mar 20 1998 8:00am FLORIDA DEPARTMEN OF STATE CORPORATION Sandra B. Mo ANNUAL REPORT Secretary of S Secretary of State DIVISION OF CORP RATIONS 1998 DOCUMENT # K57237 (5)MKG REFERRALS, INC. Principal Place of Business Mailing Address 798 N.E. 5TH STREET 798 N.E. 5TH STREET 318: 700 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date incorporated or Qualified 01/06/1989 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For Not Applicable 65-0093201 Suite, Apt. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Umi Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees htry Zip Country Zin 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GERAKOPOULOS, MARY K. 798 N.E. 5TH STREET Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agont, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typied or printed name of registered agent and title if applicable gent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 NAME GERAKOPOULOS, MARY 798 N.E. 5TH STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP T-ZIP DELETÉ 2. Change Addition TITLE NAME ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME FT ADDRESS STREET ADDRESS 3.3 CITY-ST-ZIP DELETE Change Addition TITLE 41 NAME EET ADDRESS 4.3 S STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

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