

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

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # K62864

(9)

1. Corporation Name

MARKETING CONFIGURATIONS, INC.

Principal Place of Business

3916 N 29TH AVE
HOLLYWOOD FL 33020
US

Mailing Address

3916 N 29TH AVE
HOLLYWOOD FL 33020-1010
US



3. Date Incorporated or Qualified

02/02/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

65-0102483

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes No

9. Name and Address of Current Registered Agent

DOVER, WILLARD D.
500 E. BROWARD BLVD
BROWARD FINANCIAL CENTRE
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to sign this statement

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
|-------|----------------------|----------------------|----------------|--|------|----------------|----------------|
| C | FOSTER, EDWARD T. | 1050 HOLLYWOOD BLVD | HOLLYWOOD FL | <input checked="" type="checkbox"/> DELETE | | | |
| P | KAPUR, RAJIV | 368 HAVERLAKE CIRCLE | APOPKA FL | <input type="checkbox"/> DELETE | | | |
| EVP | PROSINSKI, TIMOTHY R | 2971 SW 79 ST | DAVE FL | <input type="checkbox"/> DELETE | | | |
| VP | FOSTER, LOIS J | 1050 HOLLYWOOD BLVD | HOLLYWOOD FL | <input type="checkbox"/> DELETE | | | |
| VP | JORDAN, MEREDITH F. | 934 VAN BUREN ST | HOLLYWOOD FL | <input type="checkbox"/> DELETE | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-STATE-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-STATE-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-STATE-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-STATE-ZIP |
|---|----------|--------------------|--------------------|---|----------|--------------------|--------------------|---|----------|--------------------|--------------------|---|----------|--------------------|--------------------|---|----------|--------------------|--------------------|---|----------|--------------------|--------------------|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

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 included 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 on an attachment with an address.

SIGNATURE: Meredith F. Jordan *Meredith F. Jordan*

SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

3/25/97 (FS) 961-1892

DATE DAY/MONTH/YEAR

CR2E034 (9/96)