

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR -3 PM 4:26

**DOCUMENT # K64044 (6)**

1. Corporation Name  
**SECONDARY MARKETING STRATEGIES, INC.**

Principal Place of Business      Mailing Address  
**1216 S.E. 7TH STREET  
FT. LAUDERDALE FL 33301  
US**      **1216 S.E. 7TH ST.  
FT. LAUDERDALE FL 33301  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/08/1989**      **05/23/1994**

4. FEI Number      Applied For  
**65-0124620**      Not Applicable

5. Certificate of Status Desired       \$0.75 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

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**SCHORR, STEPHEN A., ESQ.  
2101 N. ANDREWS AVENUE, SUITE 400  
FORT LAUDERDALE FL 33311**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PSY<br/>WEISS, JOHN R.<br/>1216 S.W. 7TH ST.<br/>FT. LAUDERDALE FL</b> | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 1.2 NAME  |   |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>V<br/>WEISS, ELLEN E.<br/>1216 S.E. 7TH ST.<br/>FT. LAUDERDALE FL</b>  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  |   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 liquidator empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an addition.

SIGNATURE: \_\_\_\_\_ *John R. Weiss*      3/29/95      305-463-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone (Area #)