FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # K69866**

MANAGEMENT AND MARKETING SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



2631 NW 63RD TERR MARGATE FL 33063		2631 NW 63RD TERR MARGATE FL 33063-1725				
				3. Date Incorporated or Qualified 03/02/1989	3a. Date of Last Re 02/27/1996	eport
2. Principal Place of Business		2a. Mailing Address	4 -	4, FEI Number	Ap	plied For
1308 B N.	SR'		N. SR # 7	<u>65-0181028</u>		t Applicable
Suite Apt. # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State 3 MARGATE , FL	33063	City & State 28 MARGATE,	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
4 33063 ₂			Country 30 USA		Yes 🗌 No	199.032,
g. Name a	nd Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
BURGESS, JOSE			81 Name	JOSEPH LYMAN E	URGESS T	ITE
MARGATE FL 33	ST- 03RD TERRACE 003->	~	83	Address (P.O. Box Number is Not Acceptab	le)	
	- 0		84 City	1ARGATE	FL 85 395	063
11. Pursuant to the provisio	ns d Sections 607.010	02 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the p	urpose of changing its	registered
office or registered age agent. Lam familiar with SIGNATURE	nt, of both, in the State , and accept the oblig	of Florida, Such change was at attended of Section 607.0505, Flor	uthorized by the corp rida Statutes.	poration's board of directors. I hereby accep	t the appointment as i	registered
Signature, typed or	**************************************		: Registered Agent signature	required when reinstaling)	DATE	
l2.	O FICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		***************************************
THE D	1005041	DELETE	1.1 TITLE		Change	Addition
	JOSEPH L., III		1.2 NAME			
MADOATE	ISRD TERRACE		1.3 STREET ADDRESS			
aty-St-Ze MARGATE	<u> </u>	Dritte	1.4 CITY - ST - ZIP		[] Ob	NZ Address
ITLE		☐ DELETE	2.1 TITLE	SANDRA GOODWIN	Change	Addition
IAMH			2.2 NAME	2431 NW 63 ter		
TREET ADDRESS			2.3 STREET ADDRESS			
HY-SI-Z# TIE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	MULGATE, FL 88043	Change	Addition
JAMI			3.2 NAME	RACHELE L. BURGESS		page
STREET ACIONESS			3.3 STREET ADDRESS	2631 NW 63 Her		
SIY SI ZE			3.4. CITY - ST - ZIP	MARGATE, FL 33063	•	
TUTLE	,	☐ DELETE	4.1 TITLE	Thurst seem	Change	Addition
IAME			4. 2 NAME	JOSEPH A BURGESS II	<u>r</u>	•
STREET ADORESS			4.3 STREET ADDRESS	2631 NW 63 KRRALL		
HY-ST ZOF			4.4 CITY - ST - ZIP	MARGATE, FL 33063		
(ILE	· ··	☐ DELETE	5.1 TITLE	BIRCHIL	☐ Change	Addition
MAN			5.2 NAME	ANGOLA L. BURGESS		
STREET ADORESS			5.3 STREET ADDRESS	399 LAURAL DRIVE		
OTY - \$1 20F			5.4 CITY-ST-ZIP	MARGATE, FL 33063		
ITLE		☐ DELETE	6.1 TITLE	Direvai	Change	Addition
IAME			6.2 NAME	MARTHA ZEEB		
STREET ADDRESS			6.3 STREET ADDRESS	2538 NW 63 HIT		
CITY-ST ZIF			6.4 CITY-ST-ZIP	MARGATE, FL 33063 tated in Section 119 07(3)(i) Florida Statutes		

recommency commenced with the information symptocy with the simple over not quarry for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or symptomental anguel report is true and accurate and that my signature shall have the same legal effect as if made under eath; that Lam an officer or director of the corporation or live 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, over an execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR