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

FILED Jan 27 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K97388 (8) MARKETING MANAGEMENT, INC. Mailing Address Principal Place of Business 123 NAUTICAL WAY 123 NAUTICAL WAY JUPITER FL 33477 JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/22/1989 2. Principal Place of Business 2a, Mailing Address Applied For 139 COMMODORE DA 139 COMMODORE Pr Not Applicable 65-0129967 \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KARU, STUART E 123 NAUTICAL WAY Street Address (P.O. Box Number is Not Acceptable) 82 JUPITER FL 33477 OMMODORE PA 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, and accept the pulications of, Section 607.0505, Florida Statutes. yped or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. DELETE Change Addition TITLE 1.1 TH L6 KARU, STUART E. 1.2 NAME NAME 139 COMMODULE A 123 NAUTICAL WAY 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 JUDITER PL 33477 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME KARU, CANDACE 22 NAME 139 COMMODORE Dr 123 NAUTICAL WAY STREET ADDRESS 2.3 STREET ADDRESS Jupiter Ft 33477 JUPITER FL 33477 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Addition 5.1 TITLE THILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP ☐ Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

64 City-St-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 Block 12 or Block 13 if chapted, or on an attachment with an address.

STREET ADDRESS CITY-ST-ZIP