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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DID NOT BUCOUNTS DOCUMENT # NATIONAL MARKETING CONSULTANTS, INC. Mailing Address Principal Place of Business 14000 S MILITARY TRAIL 14000 \$ MILITARY TRAIL SUITE 220 SUITE 220 DELRAY BEACH FL 33484 **DELRAY BEACH FL 33484** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1995 01/22/1990 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 65-0170257 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State П Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Zip Country Ζip Country Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Carole F. Friedburg Street Address (P.O. Box Number is Not Acceptable) MARCUS, P.A., IRA 82 14000 S. Military Trail 625 NE 3RD AVE 83 FT LAUDERDALE FL 33304 Suite 204 Zip Code 33484 85 11. Pursuant to the provisions of Sections 607 0509 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Florida. Such changes was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the original statement for the purpose of changing its registered office agent. I am City 4/16/96 Carole E. Friedburg, Pres. SIGNATURE. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 Change ☐ Addition 1 1 TITLE TITLE FRIEDBURG, CAROLE 1.2 NAME NAME 14000 \$ MILITARY TR #220 スロゾ STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CHY+ST-7IP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP C(TY-ST-Z)P Addition Change DELETE 5 1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 6 1 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CHY-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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual repert or supplemental annual open is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the loceiver or trustee enhancement of the proposed of the corporation or the loceiver or trustee enhancement of the proposed of the corporation or the loceiver or trustee enhancement of the proposed of the corporation or the loceiver or trustee enhancement of the corporation or the loceiver or trustee enhancement of the corporation of the corporation or the loceiver or trustee enhancement of the corporation of the corporatio

SIGNATURE:

IG OFFICER OF DIRECTOR

4/16/96

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Daytime Phone #

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