

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****APPROVED
AND
FILED****95 MAY -1 AM 8:25****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # L85670****(2)****1. Corporation Name****MARKETING STRATEGIES, INC.****Principal Place of Business****4020 DEL PRADO BLVD
CAPE CORAL FL 33904****Mailing Address****39 PRATT STR
STE 1
BOSTON MA 02134
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified**07/02/1990****3a. Date of Last Report****02/09/1994****4. FEI Number****65-0409255****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**2. Principal Place of Business****21**

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address**26**

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24**25****29****30****9. Name and Address of Current Registered Agent****FOX, MORRIS B
4020 DEL PRADO BLVD
CAPE CORAL FL 33904****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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****PSTD
CURRAN, MICHAEL P
39 PRATT ST.
BOSTON MA****1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**☐ Change ☐ Addition

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 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:**MICHAEL P CURRAN****18 JAN - 1995**

Date

(617) 787-7770