

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P17586** (9)

1. Corporation Name

MARKETECHS SERVICES, INC.



Principal Place of Business

**2501 118TH AVENUE, NORTH
P O BOX 9090
ST. PETERSBURG FL 33716
US**

Mailing Address

**11831 30TH CT N
P O BOX 9090
CLEARWATER FL 34618-6090**

3. Date Incorporated or Qualified

01/11/1988

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2857512

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

24

Country

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 the corporation

(NOTE: Registered Agent signature required when withdrawing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEARN, PETER M	
STREET ADDRESS	2501 118TH AVENUE, NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOLTZMAN, H., STEVEN	
STREET ADDRESS	2501 118TH AVENUE, NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, R. JOSEPH	
STREET ADDRESS	2501 118TH AVENUE, NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KEVIN J. MCKEON	
STREET ADDRESS	2501 118TH AVENUE, NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LYON, RICHARD	
STREET ADDRESS	2501 118TH AVENUE, NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, BRAIN J	
STREET ADDRESS	2501 118TH AVENUE, NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33716	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary Ellen Pollin	
1.3 STREET ADDRESS	2501 118th Avenue, North	
1.4 CITY - ST - ZIP	St. Petersburg, FL 33716	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lynn Krall	
3.3 STREET ADDRESS	2501 118th Avenue, North	
3.4 CITY - ST - ZIP	St. Petersburg, FL 33716	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

H. Steven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(813) 572-8585

DATE

PHONE NUMBER

CR2E034 (12/95)