## 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 # P17586

(9)

MARKETECHS SERVICES, INC.

**FILED** 

May 02 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address						#  ###  ###		ELDIT OLDIŞ BABIL I						
2501 118TH AVENUE. NORTH 11831 30TH CT N P O BOX 6090 P O BOX 9090 ST. PETERSBURG FL 33716 CLEARWATER FL 34618-9090			8-9090											
US								<ol> <li>Date Incorporated or Qualifit</li> <li>01/11/1988</li> </ol>		<ul><li>Date of La</li><li>05/01/199</li></ul>	ate of Last Report 01/1996			
2. Principal Place of Business 2a. Mailing Address				· · ·			4. FEI Number		<u> </u>	+	lied For			
26				59-2857512				Not Applicable						
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27				5. Certificate of Status Desired				\$8.75 Additional Fee Required						
23	City & State City & State						<ol><li>Election Campaign Financin Trust Fund Contribution</li></ol>	9 🗀			lay Be Fees			
l ZKD		Country	ļ,	Zip	~~· }	Country			8. This corporation has liability for intangible tax under s. 199.032,					
24	a Nama	25	29		30	<u>o[</u>			Florida Statutes					
		and Address of Cu	rrent Regis	tered Agent		81	Name		10, Name and Address of New	Registe	erea Agent			
_		TION SYSTEM				Name								
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82	Street	Addres	dress (P.O. Box Number is Not Acceptable)							
100	IIIAIIOII I	L 000E4				83								
						84	City				85	Zip Ci	ode	
							- /				<b>FL</b>	,		
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														
12.	Signature, typeo		AND DIRE		13.	ia Age	ri, signature	- ioqui ou	ADDITIONS/CHANGES TO O			TORS	.IN 12	
TITLE	D	OT TOLTE	731457 (231) (1-3	DELETE	1.1 T	ITLE		s	ADDITIONS/OFFAINALO TO O	HOLNO	Char		Addition	
NAME	POLLIN.	MARY ELLEN			1.2 N	AME		_	LAGHER, JAMES G.				ľ	
STREET ADDRESS	2501 118	BTH AVENUE, NOF	₹TH		1.3 S	TREET	ADDRESS	250						
CITY-ST-ZIP		ersburg fl 3371	6		1.4 0	11Y-5	S1 - 71P	ST	PETERSBURG FL	337	16			
TITLE	AS			☐ DELETE	211	ITLE					Char	nge	Addition	
NAME		an, H., Steven			22 N	IAME								
STREET ADDRESS		OTH AVENUE, NOF	RTH		235	TREFT	ADDRESS							
CITY-ST-ZIP		RSBURG FL					\$1 <u>-7</u> 1P						<del></del>	
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NAME	KRALL, i		aru.		3.2 M									
STREET ADDRESS		BTH AVENUE, NOF					ADDRESS							
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NAME		MCKEON		(#B) DECEMBE		NAME		l	SPER, JED B.			ıθυ	GE NOOMON	
STREET ADDRESS		BTH AVENUE, NOF	RTH				ADDRESS	250						
CITY-ST-ZIP		ERSBURG FL					37-71P		PETERSBURG FL	3371	6			
TITLE	AT			☐ DELETE	5.1 T		A1 - E11				Cha	nge	Addition	
NAME	LYON, R	ICHARD				IAME	1	1				-	1	
STREET ADDRESS		BTH AVENUE, NOF	RTH				ADDRESS						İ	
CITY-ST-ZIP		ersburg fl					S1 - ZIP							
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NAME	FELDMA	n, Brain J			621	IAME		1						
STREET ADDRESS	2501 11	BTH AVENUE, NO	ATH.		635	TREE	address						j	
CITY-ST-ZIP		ersburg fl 3371			640	HY-S	ST-ZIP	l		·				

i. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 accuracy.

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