

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 # P93000047028 (4)

1. Corporation Name

CHD MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

9302 SW 5 ST
SUITE B
BOCA RATON FL 33428

9302 SW 5 ST
SUITE B
BOCA RATON FL 33428



2. Principal Place of Business

2a. Mailing Address

21 1700 N FED HWY.

26 1700 N. FED HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 112

27 112

City & State

City & State

23 BOCA RATON FL

28 BOCA RATON FL

Zip

Zip

Country

Country

24 33432

25 USA

29 33432

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/28/1993

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0422485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

FORMAN, TERRY J
1521 SW LEJEUNE RD
CORAL GABLES FL 33134

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 *Clyde H. Dervishi, President.*

4/25/96.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME DERVISHI, CLYDE
STREET ADDRESS 9302 SW 5 ST SUITE B
CITY-ST-ZIP BOCA RATON FL 33428

TITLE AS ☐ DELETE

NAME FORMAN, TERRY J
STREET ADDRESS 1521 SW LEJEUNE RD
CITY-ST-ZIP COARL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 *Clyde H. Dervishi*

4/25/96

407-391-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)