

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:38

DOCUMENT # **P93000059455 (4)**

1. Corporation Name

J.M. FIELD MARKETING, INC.

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified 08/20/1993	3a. Date of Last Report 05/01/1994
4. FFI Number 65-0427971	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
B. The corporation has liability for intangible tax under (S-1)(F)(D)? Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
119 SE 12TH STREET FT LAUDERDALE FL 33316 US	119 SE 12TH ST FT LAUDERDALE FL 33316 US
21. State Apt. #, etc.	26. State Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**FIELD, JACK M
1220 S.E. 1ST AVE.
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Applicable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of person named as registered agent and the corporation)

(Signature of person named as new registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1. TITLE	
NAME	FIELD, JACK M	2. NAME	
STREET ADDRESS	119 SE 12TH ST	3. STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	4. CITY, ST, ZIP	
TITLE		5. TITLE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in (S-1)(F)(D), Florida Statutes. I further certify that the information 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 and the person or persons empowered to execute this report as required by (S-1)(F)(D), Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95

205/321-1552