FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS P93000077843 (9) **DOCUMENT #** STRATEGIC MARKETING, INC. Principal Place of Business Mailing Address 8157 STEEPLECHASE DR 8157 STEEPLECHASE OR PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 21 5725 COrporate Way 11/03/1993 05/01/1995 2a. Mailing Adgress 4. FEI Number 'Star po 26 Applied For 65-0451977 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, 29 30 Florida Statutes 9. Name and Address of Current Registered Agent ✓ Yes □ No 10. Name and Address of New Registered Agent 81 Name MURPHY, TERENCE J Street Address (P.O. Box Number is Not Acceptable) 82 8157 STEEPLECHASE DR PALM BEACH GARDENS FL 33418 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Zip Code Signature, typed or printed name of registered agent and title if applicable (NOTE_Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CR2E034 (12/95) [] DELETE 1. 1 TITLE MURPHY, TERENCE J. NAME ☐ Change Addition 1.2 NAME STREET ADDRESS 8157 STEEPLECHASE DR. 1.3 STREET ADDRESS CITY-ST-ZIP PALM BCH. GARDENS FL 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE MURPHY, MARY NAME Change Addition 22 NAME 8157 STEEPLECHASE DR. STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP PALM BCH. GARDENS FL 24 CITY-ST-ZIP TITLE DELE1E 3. 1 TITLE NAME Change Addition 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CHTY-ST-ZIP 3 4 CITY - ST-ZIP TITLE DELETE 4 1 THILE NAME Change Addition 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TILLE DELETE 5 1 TITLE NAME ☐ Change Addition 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP THILE DELETE 6 1 TITLE NAME Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE