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 DIVISION OF DIVISION OF DIVISION OF

	n Name NRKETING,	INC.	,00000	10 (0)						
Principal Place of Business 8100 N UNIVERSITY DRIVE TAMARAC FL 33321			8100 N L	Mailing Address 8100 N UNIVERSITY DRIVE TAMARAC FL 33321-1717			1 10011001 NG 10100 11 11 001 14 001 14 00	HI 40 101 IP1R1	1815)	i i i i i i i i i i i i i i i i i i i
							3. Date Incorporated or Qualified 12/17/1993		ate of Last Re 01/1996	∍port
2. Principal Pl	lace of Busine	55	├ ──¬	2a. Mailing Address			4. FEI Number			plied For
Suite, Apt. #, etc.			[26] Suite	Suite. Apt. #, etc.			65-0543491		\$8.75 A	t Applicable
22	., (27	<u></u>			6. Certificate of Status Desired		Fee Re	
City & State	6	City 8	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip 24	2:	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
		nd Address of Cui	rent Registered	Agent		, , <u></u>	10. Name and Address of New R	egistered	Agent	
	OHO, TIM				81	Name				
8100 N UNIVERSITY DRIVE					82	Street Add	ress (P.O. Box Number is Not Accepta	ible)		
TAMARAC FL 33321					83	ļ				
					84				1==1 == 2	
						City		FL	85 Zip C	
11. Pursuant l office or re agent. La	to the provision egistered ager m familiar with	ns of Sections 607. ht, or both, in the Si , and accept the of	0502 and 607.150 ate of Florida. Sui oligations of, Secti	8, Florida Statu ch change was on 607.0505, Fl	tes, the above authorized by orida Statutes	e-named corpora the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of opt the app	f changing its pointment as	registered registered
SIGNATURE										
12.	Signature, typed or printed name of registered agent and talle if applicable OFFICERS AND DIRECTORS				(NOTE Registered Agent signature requirements)		ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	S IN 12
TILLE	PST	OFFICERS	AND DITEOTORS	DELETE	1.1 TITLE		ADDITIONO OF AN ACCOUNT	OLIIO MIL	Change	Addition
NAME	DONOHO,				1.2 NAME		. "			
STREET ADDRESS		IIVERSITY DR				ADDRESS				
City-St-7#	TAMARAC	FL.			1.4 C/TY - S	I-ZIP				
1/1/15				DELETE	2 1 TITLE				Change	Addition
NAME					2 2 NAME					
STREET ACCORESS UNIT SET ZIP			2.3 STREET 2.4 CITY-S		ADDRESS	•				
181.6		-,		DELETE	3.1 TrīLE	~. Til			Change	Addition
NAMÉ					3.2 NAME	1			•	
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY - \$1 - 2IP	·				3.4. CITY - 5	ST-ZIP				
TOLE				DELETE	4.1 TITLE				L Change	Addition
NAME					4. 2 NAME	j				j
STREET ADDRESS					43 STREET	1				
017Y-51-719 111LE				DELETE	4.4 CITY - S 5.1 TITLE	it-ZIP			Change	Addition
NAME					5.2 NAME				:	,aut.oft
STREET ADDRESS	i				5,3 STREET	ADDRESS				
CUTY - ST - ZVP					5.4 CITY - S	l l				
10116	····			DELETE	6.1 TITLE		<u></u>		Change	☐ Addition
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREET	ADDRESS				

14. 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 reference empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, own an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CONSTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR INSECTOR

4/17/97

954-724-4188

FILED

Apr 28 1997 8:00am

Secretary of State