SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 25 AM 9:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010712 (5)**

1. Corporation Name
MARKETING SYNERGIES, INC.

Principal Place of Business	Mailing Address
4400 PGA BLVD SUITE 1002 PALM BEACH GARDENS FL 33410	4400 PGA BLVD SUITE 1002 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4400 PGA Blvd.	26 4400 PGA Blvd.
Suite, Apt. #, etc. 22 Suite 602	Suite, Apt. #, etc. 27 Suite 602
City & State 23 Palm Beach Gardens, FL	City & State 28 Palm Beach Gardens, FL
Zip / Country 24 33410 / 25 Palm Beach	Zip / Country 29 33410 / 30 Palm Beach

4. FEI Number: 59-3236844 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNETT, SCOTT F 401 E JACKSON ST SUITE 2400 TAMPA FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	11 TITLE	Director	☒ Change ☐ Addition
NAME	LEGERE, EDWARD J	12 NAME	Legere, Edward J.	
STREET ADDRESS	4400 PGA BLVD SUITE 1002	13 STREET ADDRESS	4400 PGA Blvd., Suite 602	
CITY ST ZIP	PALM BEACH GARDENS FL 33410	14 CITY ST ZIP	Palm Beach Gardens, FL 33410	
TITLE		21 TITLE	Director	☐ Change ☒ Addition
NAME		22 NAME	Legere, David E.	
STREET ADDRESS		23 STREET ADDRESS	4400 PGA Blvd., Suite 602	
CITY ST ZIP		24 CITY ST ZIP	Palm Beach Gardens, FL 33410	
TITLE		31 TITLE	President	☐ Change ☒ Addition
NAME		32 NAME	Duch, Brett R.	
STREET ADDRESS		33 STREET ADDRESS	4400 PGA Blvd., Suite 602	
CITY ST ZIP		34 CITY ST ZIP	Palm Beach Gardens, FL 33410	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 address.

SIGNATURE: Brett Duch 7/19/95 (407) 622-8023
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063027 CP