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

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PRO	OFIT STATES	FLORIDA DEPART	TMENT OF STA	ATE			
CORPO	RATION	Sandra B	Mortnam				
ANNUAL	REPORT	Secretary	y of State				
	96	DIVISION OF O	ORPORATION	S			
19					1		
DOCUME		0031524 (9	)				
1. Corporation Nat	RKETING FIRM INC.						a) ( <b>9 8</b> )
ILE MV	INCTING FINAL INC.						
Principal Place of E	Business	Mailing Address			3 IEBNERI IIR IRIII AIBII AANN BA	il desti Amina (me. Ama, ama	
1801 N 41ST AVE 1801 N 41ST AVE							
HOLLYWOOD 1		HOLLYWOOD FL 3305	1		- O allford	3a. Date of Last Report	
					3. Date incorporated or Qualified 04/25/1994	08/03/1995	
					4. FEI Number	Applied F	or
2. Principal Place	of Business	2a. Mailing Address			65-0503967	Not Apple	icable
21		Stiffe, Apt. #, etc.				\$8.75 Addition	
Suite, Apt. #, 6	etc.	27 Salte, Apt. #, 6tc.			5. Certificate of Status Desired	Fee Required	
22 Ct. 8 State		City & State	,		6. Election Campaign Financing	\$5.00 May B	
City & State		28			Trust Fund Contribution	Added to rees	
<b>23</b> ] Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax under si 199.032 :- □ No	ř.
24	25	29	30		Florida Statutes Yes  10. Name and Address of New I		
	9. Name and Address of Currer	nt Registered Agent	B1	Name	10. Name and Address of them.		
			61				
BROWN,	LEWIS N		82	Street Addr	ess (P.O. Box Number is Not Accepta	018;	
2 S BISC	CAYNE BLVD SUITE 1750		83				
MIAMI F	L 33131		8			Te Codo	
			84	City		FL 85 Zip Code	
				amad coroo	ration submits this statement for the purely of directors. I hereby accept the ap	- t -bsing ito ragistore	ed office
11. Pursuant to	the provisions of Sections 607.050	i2 and 607 1508, Florida Statuti r-fa -Such change was authoriz	es, the above t ed by the corp	oration's boo	ration submits this statement for the purifying of directors. I hereby accept the app	pointment as registered agent	Lam
familiar with,	diagent, or both, in the State of Flor , and accept the obligations of, Sec	tion 607.0505, Florida Statutes	i.				
SIGNATURE _	and the second of the second		ing thoughtened Ages	nt explantane rest en	ea where rock shahings	DATE	
S-	gradure typistics printed traine of registered age	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 1	12
12.	Örnörnör	☐ DELETE	1 1 11 <sup>1</sup> LE			Change A	adition
TITLE	MCDEVITT, L A		1.2 NAME				
NAME	1801 N 41ST AVE		1.3 STREE	LADDRESS			
STREET ADDRESS	HOLLYWOOD FL 33021		1.4 CITY - 3	5*-7P		Change A	Addit-on
CITY - ST - ZIP		☐ DELETE	2 1 TITLE	ļ		Change CJ 2	igi,iresi.
NAME			2.2 NAME				
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CITY -ST - ZIP			2.4 CiTy-	ST-ZIP		☐ Change ☐ A	Addition
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NAME			3.2 NAME				
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CITY-ST-ZIP			3.4 C:TY -			Change [] /	Addition
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NAME			4.2 NAME				
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CITY - ST - ZIP			5.4 C/1 Y			☐ Change ☐	Addition
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NAME			6.2 NAM	1			
STREET ADDRESS				ET ADDRESS			
O(TV C) 7(D)	1		■ 64 CHY	· ST - ZIi'	the stated in Section	10 07/3/W Florida Statutes 11	further

14. Lido 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 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 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 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 under under certify 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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR