FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P94000046221 (5)

MARKETING RESEARCH FOR DECISION MAKERS, INC.

Principal Place of Business Mailing Address 7142 MONTRICO DR 7142 MONTRICO DR **BOCA RATON FL 33433-6926 BOCA RATON FL 83433** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1994 04/10/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-3019261 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Ζίρ Country Country Zip 8. This corporation has fiability for intangible tax under s. 199.032, Florida Stalutes Yes No
Name and Address of New Registered Agent 25 30 9. Name and Address of Current Registered Agent 81 Name **BLODIG, GREGORY J** 100 W CYPRESS CREEK RD SUITE 700 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33309 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 18. DELETE Change ___ Addition TITLE 1.1 THUE MARKS, KENNETH NAME 1.2 NAME 7142 MONTRICO DR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CHY-S1-ZIP Change DELETE Addition TITLE 21 111LE NAME . 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAMI STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELFTE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Addition TITLE 6.4 TITLE NAME 6.2 NAME

> 6.8 STREET ADDRESS 6.4 CITY - ST - ZIP

14. To hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this enough 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 17 in changed, or o) an attachment with an address.

FILED

May 08 1997 8:00am

Secretary of State