

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000076685 (4)**

1. Corporation Name

SOUTH FLORIDA MARKETING RESEARCH SERVICES, INC.



Principal Place of Business

Mailing Address

**1876 N UNIVERSITY DR SUITE 200E
FT LAUDERDALE FL 33322**

**1876 N UNIVERSITY DR SUITE 200E
FT LAUDERDALE FL 33322**

2. Principal Place of Business

2a. Mailing Address

21 **6005 Coral Lake Dr.**

26 **6005 Coral Lake Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Margate, Florida**

28 **Margate, Florida**

Zip

Zip

Country

Country

24 **33063**

25 **USA**

29 **33063**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/19/1994

3a. Date of Last Report
06/29/1995

4. FET Number

65-0528528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

**ALENIK, BEATRICE
1876 N UNIVERSITY DR SUITE 200E
FT LAUDERDALE FL 33322**

81 Name
Beatrice Alenik

82 Street Address (P.O. Box Number is Not Acceptable)
6005 Coral Lake Drive

83

84 City
Margate

FL

85 Zip Code
33063

10. Name and Address of New Registered Agent

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:

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ALENIK, BEATRICE**
STREET ADDRESS **1876 N UNIVERSITY DR SUITE 200E**
CITY-ST-ZIP **FT LAUDERDALE FL 33322**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Alenik, Beatrice**
1.3 STREET ADDRESS **6005 Coral Lake Drive**
1.4 CITY-ST-ZIP **Margate, Fl. 33063**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME

6.3 STREET ADDRESS
6.4 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)(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: **Beatrice Alenik**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 954-975-5982
DATE DAY/DATE PHONE #

CR2E034 (12/95)