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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

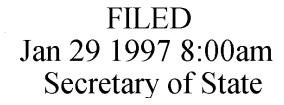
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400076685 (4)

SOUTH FLORIDA MARKETING RESEARCH SERVICES, INC.

Principal Piace of Business
8005 CORAL LAKE DR MARGATE FL 33063 US
US

Mailing Address





8005 CORAL LAKE DR MARGATE FL 33063 US		8005 CORAL LAKE DR MARGATE FL 33063-5872 US	MARGATE FL 33063-5872					
					 Date Incorporated or Qualified 10/19/1994 	3e. Date of Last Report 05/01/1996		
2. Principal Pl	ace of Business	2a. Mailing Address	4-71		4. FEI Number	⊢ +	pplied For	
21		26			65-0528528		ot Applicable	
Suite, Apt i	#. Olc.	Suite Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z ip	Country	2 _(p)	Country		8. This corporation has liability for in	intangible tax under s. 199.032.		
24	25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes X Yes No			
		urrent Registered Agent						
DEATRICE ALEMIN				81 Name				
6005 CORAL ALKE DRIVE MARGATE FL 33063				82 Street Address (P.O. Box Number is Not Acceptable)				
			8	3				
			8	4 City		FL 85 Zip	Code	
office or re	egistered agent, or both, in the	07.0502 and 607.1508, Florida Statut State of Florida, Such change was a obligations of, Section 607.0505, Flo	authorized	by the corpor	orporation submits this statement for the pretaion's board of directors. I hereby accept	urpose of changing t the appointment a	its registered s registered	
SIGNATURE						DATE		
12.	Signature, typed or printed name of registr OFFICER	RS AND DIRECTORS	13.	igent signatura rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	P	DELETE	1.1 1111		ADDITIONS FIANCES TO OFFICE	Change	Addition	
NAME	ALENIK, BEATRICE	_	1.2 NAM	- 1		 •	_ \	
STREET ADDRESS	6005 CORAL LAKE DRIVE		1.3 STB	ET ADDRESS				
CITY-S1-ZIP	MARGATE FL			-ST-ZIP				
TITLE		DELETE	2.1 TITL			☐ Change	Addition	
NAME			2.2 NAM	E				
STREET ADDRESS				ET ADDRESS				
City - St - ZiP				7-\$T-ZIP				
TITLE		DELETE	3.1 TITL			Change	Addition	
NAME.			3 2 NAM	E				
STREET ADDRESS			3.3 STRI	ET ADDRESS				
C:TY - ST - ZIP			3.4. CIT	/-ST-ZIP				
TITLE		DELEYE	4.1 TITL	-		Change	Addition	
NAMÉ			4. 2 NA	AE]				
STREET ADDRESS			4.3 STRI	ET ADDRESS				
CITY+ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL	_ [☐ Change	Addition .	
NAME			5.2 NAN	E				
STREET ADDRESS			5.3 STR	ET ADDRESS				
CITY - ST - ZiP			5.4 CITY	-ST-ZIP				
TITLE		DELETE	6.1 TiTL	E		Change	☐ Addition	
name			6.2 NAM	E				
STREET ADDRESS			6.3 STR	EET ADORESS				
COTY - ST - 7IP			6.4 CITY	-ST-ZIP				

14. I do horeby 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 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.