## 1-28-98 /3 - 0925 C-FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000076685 (4)

SOUTH FLORIDA MARKETING RESEARCH SERVICES, INC.

Principal Place of Business			Ma	Mailing Address						40    90		
8005 CORAL LAKE DR MARGATE FL \$3063 US				6005 CORAL LAKE DR MARGATE FL 33063 US					DO NOT WRI		SPACE	
									10/19/1994	-		
2, Principal P	lace of Busi	ness	28.	Mailing Address					4. FEI Number		<u>                                 </u>	Applied For
21	_		26						65-0528528			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22			27	·					. Commodic of States Boomed		Fee	Required
City & Stat	e		<del></del>	City & State					6. Election Campaign Financing			May Be
23			28	7	1				Trust Fund Contribution			d to Fees
Zip		Country	<u> </u>	<b>Z</b> ip	<b>├</b> ¬	untry	1		8. This corporation owes or has		rrent year <b>XX</b> Yes	
24	o Name	25 and Address of Curre	29 ent Regist	ered Agent	30	7			Personal Property Tax due Ju 10. Name and Address of New			□ No
			ont nograt	SIGG Agent		81	Name		(U. Hame and Address of them	10 Bisioi 60	Agoin	
	SEATRICE A					82						
		L ALKE DRIVE					Street	Addres	ress (P.O. Box Number is Not Acceptable)		į	
N	MARGATE F	L 33063				83			<del></del>			
						84	City			FL	85 Z	p Code
11. Pursuant	to the provis	ions of Sections 607.05	502 and 60	7.1508, Florida State	utes, the a	epove	e-named	corpora	ation submits this statement for the	purpose o	of changing	its registered
office or r	registered ag ım familiar w	gent, <b>or</b> both, in the Sta ith, <b>and</b> accept the obli	te of Florid idations of	<ul> <li>Such change was Section 607 0505. F</li> </ul>	s authorize Iorida Sta	ed by alutes	the corp	poration	's board of directors. I hereby acc	ept the ap	pointment	as registered
		A I GILL GOOD FI THE OD	· gattario an									l l
												i
SIGNATURE	Signature, typed	or printed hame of registered a	gent and title	Capplicable (NC	OTE: Register	ed Age	int signature	e required v	vhen reinstating)	DATE		
SIGNATURE	Signature, typed	or printed manic of registered a		1ORS	OTE: Register		int signature	e required v	when reinstating) ADDITIONS/CHANGES TO OF			
	Р	OFFICERS A					nt signat.re	e required v			D DIRECTO	
12.	P ALEN	OFFICERS A	ND DIREC	1ORS	13. 111		int signature	e required v				
12.	P ALENI 6005	OFFICERS A  K, BEATRICE  CORAL LAKE DRIVE	ND DIREC	1ORS	13. 111 124	TITLE NAME	int signature	e required v				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALENI 6005	OFFICERS A	ND DIREC	TORS DELETE	13. 111 12.6 13.5 1.4.0	TITLE NAME STREET CHY-S	address	e required v			☐ Chang	e Addition
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Beatrice Alenik

14. Thereby 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 eath, 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 a haddress. 1/20/98 954-975-5982

**FILED** 

Jan 28 1998 8:00am

Secretary of State