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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000087032 (6)

1. Corporation Name

MARKETING SERVICES INTERNATIONAL CORP.



Principal Place of Business

Mailing Address

884 17th Street
VERO BEACH, FLORIDA 32960

2. Principal Place of Business

2a. Mailing Address

21 884-17th Street

26 884-17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Vero Beach, FL

28 Vero Beach, FL

Zip

County

Zip

County

24 32960

25

29 32960

30

9. Name and Address of Current Registered Agent

CRAM, NORMAN A

705-35th Ave SW
Vero Beach, FL 32968

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(1), 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(1), Florida Statutes.

SIGNATURE

NORMAN A Cram

NORMAN A Cram

4/14/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P

CRAM, NORMAN A
705-35th Ave SW
Vero Beach, FL 32968

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VS

CRAM, CHRISTINE S
705-35th Ave SW
Vero Beach, FL 32968

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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)(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 oath; that I am an officer or director of the corporation or the registered or trustee employee who executed 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:

NORMAN A Cram

NORMAN A Cram

4/14/96

(407) 562-4573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)