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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 05 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500000986 (6)

SOUTH FLORIDA MCDONALD'S MARKETING ASSOCIATION, INC.

					-\	
Principal Place of Business Mailing Address					4 constitut san sount dates mart antis bates aditis antis nuis suite suite out jour	
			5200 TOWN CENTER CI	ROLE		
SUITE 600 SUITE 600						
BC	CA RATON	FL 33486	BOCA RATON FL 33486	-1082	8 Data Incorporated to Outliffed	To Date of Leat December 1
					3. Date Incorporated or Qualified	3a. Date of Last Report
2	Principal D	lace of Business	2a. Mailing Address		01/05/1995 4. FEI Number	03/12/1996
$\overline{}$	Timoqaar	INCC OF BUSINESS	n		1	Applied For
21	Suite, Apt	# ptc	26	· · · · · · · · · · · · · · · · · · ·	65-0549581	Not Applicable
00	· ·		·····		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	City & State		Crty & State			
	<u>-</u>		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	Zφ	Country	Zip	Country		Added to Fees
24	2.42	25	29	30	8. This corporation has liability for in Florida Statutes	Yes No
24		9. Name and Address of Curr		30	10. Name and Address of New Reg	
·	^^1	RPORATION INFORMATION SE		81 Name (N A	
			MYICES, INC.	P	ITE MENENDE	
		I HAYS ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable N. W. 535	froot Sto 314
	IAL	LAHASSEE FL 32301		02		reer, or or
				" Ma	1 AMI	
				84 City		FL 85 70 CO 06 66
11	. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stat	utes, the above-named corp	poration submits this statement for the p	urpose of changing its registered
	office or r	registered agent, or both, in the Sta	te of Florida, Such change was	s authorized by the corpora	tion's board of directors. I hereby accep	t the appointment as registered
	Á	William Will, and acceptance our	Dr	TE MENEND	VED TRANSLIKER	2126197
SI	GNATUR	Signature, typed or printed name of inglestered a	gent and tale if applicable (N	DTE Registered Agent signature requi	ired when winstating)	DATE
12	1	OLHCERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
ŢĦ	E	P	DELETE	1.1 TOLE		Change Addition
NA	ME	DRESNICK, JIMMIE		1.2 NAME		
STE	CELLADORESS	12257 SW 129 COURT		1.3 STREET ADDRESS		
CIT	Y-ST ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TIT	. £	V	DELETE	2.1 TITLE		Change Addition
NAI	NIE .	ADAMS, MIKE		2.2 NAME		
STE	EET ADDRESS	1023 5TH AVE. NORTH		2.3 STREET ADDRESS		
CiT	r-ST-ZIP	NAPLES FL 33940		2. 4 CITY - ST - ZIP		
711	F	\$	DELETE	3.1 TITLE		Change Addition
NA	VIE	WELLS, BRENDA		3.2 NAME		
STE	EET ADDRESS	10951 SW 3RD STREET		3.3 STREET ADDRESS		
СH	Y - ST - ZIP	CORAL SPRINGS FL		3.4. CITY-ST-ZIP		
TiT	Ę	T	DELETE	4.1 TITLE		☐ Change ☐ Addition
NA	vit .	MENENDEZ, PETE		4. 2 NAME		
STE	EETADORESS	8390 N.W. 53RD ST., SUITE	314	4.3 STREET ADDRESS		
CH	Y - ST - 71P	MIAMI FL 33166		4.4 CITY - ST - ZIP		
TiT	.f		DELETE	5.1 TITLE		Change Addition
NA!	di.			5.2 NAME		
STE	ert address			5.3 STREET ADDRESS		
	Y - ST - ZIP			5.4 CITY - ST - ZIP		
TIT			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAI	dt I			6.2 NAME		-
	EET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby 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.