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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

Corporation Name

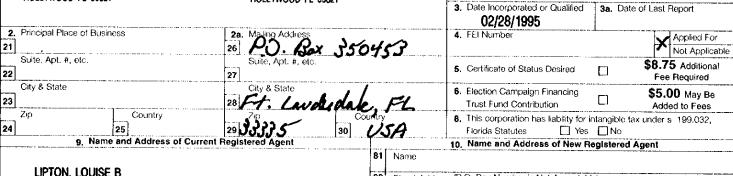
DIVISION OF CORPORATIONS P95000016482 (8) DOCUMENT #

DMD MARKETING, INC.

Principal Place of Business					
% LOUISE B. LIPTON 3325 HOLLYWOOD BLVD., SUITE 500					
HOLLOWOOD EL 2004					

Mailing Address

% LOUISE B. LIPTON 3325 HOLLYWOOD BLVD., SUITE 500 HOLLYWOOD FL 33021



LIPTON, LOUISE B LAW OFFICES OF EDWARD S. LIPTON, ESQ. 3325 HOLLYWOOD BLVD., SUITE 500 HOLLYWOOD FL 33021

C	Trust Fund Contribution Added to Fees			
filry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
	10. Name and Address of New Registered Agent			
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City 85 Zip Code			

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. The statement of the purpose of changing its registered office.

familiar wit	h, and a gep the obligations of, Seetian 607,0505, Florida Statutes.	r by the corporation's	s board of directors. Thereby accept the appointment as registered agent. Fam
SIGNATURE	MDWG()		3////
12.	Signature typed or printed sine of the ordered agent and title if any estable. NOTE OFFICERS AND DIRECTORS	Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	☐ DELETE	1. 1 7/11/6	Change Addition
NAME			
STREET ADDRESS		1.3 STREET ADDRESS	COVIE BI CATO
CITY-ST-ZIP		1.5 STREET ADURESS	MONT NOS TANIS WOOD KNOW
TITLE	☐ DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	Louise B. Litter Hothy + 1825 Holly wood Blue Holly wood FL: 33021 Change Addition
NAME		2 PAME	Cnange Addition
STREET ADDRESS			
CITY-ST-ZIP		23 STREET ADDRESS	
TITLE	☐ DELETE	2 4 CITY - ST - ZIP	
NAME	[] better	3 1 TIFLE .	Change Addition
		3 2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP	Fig. parts	3.4 C/TY - ST - ZIP	
TITLE	DELETE	4. 1 THTLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	<u>500001839885</u>
TITLE	DELETE	5 1 TITLE	-05/25/96010030 0 β:hange ☐ Addition
NAME		5.2 NAME	***200 . 00
STREET ADDRESS		5.3 STREET ADDRESS	, 0
CITY-ST-ZIP		5.4 CITY - \$T - ZIP	
TITLE	DELETE	6. 1 TITLE	harige Addition
NAMé		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	

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 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 post intendment with an address.

6.4 CITY - \$1 - 7IP

SIGNATURE:

CITY-ST-ZIP

NIN 3 OFFICER OR DIRECTOR SIGNATURE AND TYPED

CR2E034 (12/95)