FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P95000023441 (5)**

1. Corporation Name

CUSTOM ACCOUNTS MARKETING, INC.

Principal Place of Business	Mailing Address
1500 N.W. 49TH ST. SUITE 402 FORT LAUDERDALE FL 33309	1500 N.W. 49TH ST. SUITE 402 FORT LAUDERDALE FL 33309

2. Principal Place of Business	2a. Mailing Address
21 2101 W. COMMERCIAL Blvd	26 2101 W. COMMERCIAL Blvd.
Suite, Apt. #, etc. 22 SUITE 4600	Suite, Apt. #, etc. 27 SUITE 4600
City & State 23 Ft. LAUDERDALE, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33309 Country 25	Zip 29 33309 Country 30

3. Date Incorporated or Qualified: 03/23/1995
3a. Date of Last Report:
4. FEI Number: 65-0568374 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOVANOVICH, NICK
100 N.E. 3RD AVE.
SUITE 400
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CHOATE, GAIL L	
STREET ADDRESS	1500 N.W. 49TH ST., #402	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	☒ DELETE
NAME	DEININGER, MATTHEW R	
STREET ADDRESS	1500 N.W. 49TH ST., #402	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	☒ DELETE
NAME	SCOTT, JOHN T	
STREET ADDRESS	1500 N.W. 49TH ST., #402	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	☒ DELETE
NAME	PENNOYER, ANDREW	
STREET ADDRESS	1500 N.W. 49TH ST., #402	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	700001875188	☐ Change ☐ Addition
6.2 NAME	-06/25/96--01106--003	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP	6/24/12	

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #