

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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000038633 (0)

1. Corporation Name

PALM COAST MARKET RESEARCH, INC.



2. Principal Place of Business

5353 NORTH FEDERAL HIGHWAY
SUITE 305
FT. LAUDERDALE FL 33308
US

Mailing Address

RICHARD POTTER
896 N. FEDERAL HWY., #811
POMPANO BEACH FL 33062-4316

3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report
02/14/1996

4. FEI Number

65-0587750

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

2. Principal Place of Business

21 5353 N. FEDERAL HWY.

Suite, Apt. #, etc.

22 SUITE 305

City & State

23 FT. LAUDERDALE, FL

Zip

24 33308

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

POTTER, RICHARD
5461-B NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

RICHARD POTTER

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

5353 N. FEDERAL HWY. #305

83

84 City

FT. LAUDERDALE FL

85 Zip Code

33308

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 required or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/97

12. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> DELETE
NAME	POTTER, RICHARD	
STREET ADDRESS	5461-B NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUQUETTE, KENNETH	
STREET ADDRESS	5461-B NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLSON, DIANA M	
STREET ADDRESS	5461-B NORTH FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5353 N FEDERAL HWY. #305
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5353 N. FEDERAL HWY. #305
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5353 N. FEDERAL HWY. #305
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD S.M. POTTER 3/31/97 (954) 493-8668

Date

Daytime Phone #

CR2E034 (9/96)