

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039525 (7)

1. Corporation Name

TARGET MARKETING OF AMERICA INCORPORATED



Principal Place of Business

1755 AVENIDA DEL SOL
BOCA RATON FL 33432

Mailing Address

1755 AVENIDA DEL SOL
BOCA RATON FL 33432

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATKINS, GLENN
3069 NW 26TH AVE
BOCA RATON FL 33434

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 typed or printed name of registered agent and the applicable

DATE Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME
CHUN CHEN, TIEH
STREET ADDRESS
102 YORK DR
CITY-ST-ZIP
PIEDMONT CA 94611

☒ DELETE

TITLE

NAME
WATKINS, GLENN
STREET ADDRESS
3069 NW 26TH AVE
CITY-ST-ZIP
BOCA RATON FL 33434

☐ DELETE

TITLE

NAME
EVANS, CHARLES
STREET ADDRESS
4495 SOUTHSIDE BLVD
CITY-ST-ZIP
JACKSONVILLE FL 32216

☐ DELETE

TITLE

NAME
WATKINS, ROBERT
STREET ADDRESS
6345 N FEDERAL HWY
CITY-ST-ZIP
BOCA RATON FL 33487

☒ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1. TITLE

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2. TITLE

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3. TITLE

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. TITLE

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5. TITLE

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6. TITLE

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

7. TITLE

72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP

8. TITLE

82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

407-447-8633

CR2E034 (12/95)