

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000039964 (8)

1. Corporation Name
EVANS & FITZGERALD/MPS, INC.

Principal Place of Business
1320 S DIXIE HWY
SUITE 285
CORAL GABLES FL 33146
US

Mailing Address
1320 S DIXIE HWY
SUITE 285
CORAL GABLES FL 33146
US

FILED
Sep 17 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 Suite 385

23 City & State

24 Zip

Country

2a. Mailing Address

26 c/o Marc Advertising

Suite, Apt. #, etc.

27 Four Station Sq, Suite 500

City & State

28 Pittsburgh, PA

Zip

29 15219

Country

30 US

3. Date Incorporated or Qualified

05/19/1995

3a. Date of Last Report

06/24/1996

4. FEI Number

65-0583560

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDMAN, MATT D
1450 MADRUGA AVE
SUITE 203
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

N/A

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

N/A

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 P
NAME CONTORAKAS, EVAN
STREET ADDRESS 1320 S DIXIE HWY, SUITE 285
CITY-ST-ZIP CORAL GABLES FL

TITLE VP
NAME FITZGERALD, BRUCE
STREET ADDRESS 1320 S DIXIE HWY, SUITE 285
CITY-ST-ZIP CORAL GABLES FL

TITLE VP
NAME REICHNER, KENNETH
STREET ADDRESS 1320 S DIXIE HWY, SUITE 285
CITY-ST-ZIP CORAL GABLES FL

TITLE ST
NAME ZOLOT, STUART
STREET ADDRESS FOUR STATION SQ SUITE 500
CITY-ST-ZIP PITTSBURGH PA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE *Stuart Zolot* 9/12/97 (412) 562 3000

CR2E034 (4/97)