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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**1998** 

STREET ADDRESS

P95000039964 (8)

DOCUMENT # (CORPORATION NAME CHANGE) EVANS & FITZGERALD/MPS, INC. Z-7-9K EVANS & FITZGERALD/MARC, INC. Principal Place of Business Mailing Address 1320 8 DIXIE HWY C/O MARC ADVERTISING FOUR STATION SQ. STE 500 **STE 365 CORAL GABLES FL 33146** DO NOT WRITE IN THIS SPACE PITTSBURGH PA 15219 3. Date Incorporated or Qualified 05/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0583560 Not Applicable Suite, Apt. #. etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible ☐ No Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDMAN, MATT D 1450 MADRUGA AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 203 83 **CORAL GABLES FL 33146** City 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** (NOTE Registered Agent signature required when reinstating) Signature: typed or printed name of regularized agent and file if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE CONTORAKAS, EVAN NAME 1.2 NAME 1320 S DIXIE HWY, SUITE 285 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FITZGERALD, BRUCE NAME 2.2 NAME 1320 S DIXIE HWY, SUITE 285 STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TOTAL NAME **ZOLOT, STUART** 3.2 NAME **FOUR STATION SQ SUITE 500** STREET ADDRESS 3.3 STREET ADDRESS PITTSBURGH PA CITY-ST-ZIP 3.4. C(TY - S1 - ZIP ☐ DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 3000024992**£**£‱ ☐ DILETE TITLE 6.1 TITLE NAME 6.2 NAME -04/24/98--01032--004

14. Thereby 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

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

\*\*\*150.00

4/3/98

**FILED** 

Apr 24 1998 8:00am

Secretary of State