

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 # P95000050825 (5)

1. Corporation Name

NATIONAL MARKETING AND ENTERTAINMENT GROUP, INC.



Principal Place of Business

1402 E LAS OLAS BLVD SUITE 1095
FT LAUDERDALE FL 33301

Mailing Address

P O BOX 030128
FT LAUDERDALE FL 33303

NATIONAL MARKETING AND ENT. GROUP, INC.
850 N.E. 13th ST.
FORT LAUDERDALE, FL 33304

3. Date Incorporated or Qualified
06/29/1995

3a. Date of Last Report

2. Principal Place of Business

21 850 N.E. 13th ST.

26 Mailing Address

27 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

FT. Lauderdale, FL

28 City & State

24 Zip

33304

25 Country

USA

29 Zip

30 Country

4. FEI Number

65-0593217

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

KENT, NORMAN
805 E BROWARD BLVD SUITE 300
FT LAUDERDALE FL 33301

NEW ADDRESS

10. Name and Address of New Registered Agent

81 Name

NORMAN KENT

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

800 EAST BROWARD BLVD

83

SUITE 310

84 City

FORT LAUDERDALE FL

85 Zip Code

33301

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

Norman Kent

NORMAN KENT, REGISTERED AGENT 4/10/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MARK POSSEN

850 NE 13 ST FORT LAUDERDALE

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

MARK POSSEN

850 NE 13 ST Pres. Kent

FORT LAUDERDALE FL 33304

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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4/10/96
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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 of changes, or on an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)