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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

P95000059574 (0) **DOCUMENT** # 1. Corporation Name

MARKETING PRESENTATIONS	INCORPORATED
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MARKETING PRESENTATIONS INCORPORATED Principal Place of Business Mailing Address											
							- 148011001 110 1818 B111 00111 60111				
6711 NEWPORT LAKE CIRCLE 6711 NEWPORT LAKE CIR BOCA RATON FL 33496-3004 BOCA RATON FL 33496-30											
		·· ·- · • · · ·-					3. Date Incorporated or Qualified 08/02/1995	3a . [lat	e of Last	Report	
	ace of Business	F	Mailing Address				4. FEI Number			Applied For	
Suite, Apt.	H. etc.	26		***************************************			65-0611266			Not Applicable	
22	#, e.c	27	Suite, Apit. #. etc.				5. Certificate of Status Desired	DXI		5 Additional	
City & State	9	- 21	City & State				& Floation Commission Finance			Required	
23		28					Election Campaign Financing Trust Fund Contribution			00 May Be	
Zip	Country	T-1	Zip	Coun	itry		8. This corporation has liability for	intanoible t		ed to Fees	
<u>∤</u> 4	25	29		30				□ No	cix direct ,	3 193.002,	
	9. Name and Address of Curre	nt Regis	tered Agent	Ţ.			10. Name and Address of New R	legistered	Agent		
				1	81	Name		-			
	W, PENN B			1	82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)			
	CKELL AVE.			ļ.,							
	I BANK BLDG.			1	83						
miami fl	L 33131			1	84	Crty	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	85 2	ip Code	
11 Pursuant ti	o the provisions of Spations 607 050	0	2 1600 (1274, 000)		l			FL		-	
or register	ed agent, or both, in the State of Fiori	ida Such	r i rous, rionda Statut i charige was a ithoriz	ies, the abov red by the oc	re na orpor	rinea corpora ration's board	ation submits this statement for the pur d of directors. I hereby accept the appe	pose of cha pintment as	anging its	registered office	
lamillar wit	n, and accept the obligations of. Sec	ition 607.(0505 Florida Statutes	3.			, and a second	on K Horiz Go	o oglotoro	a agont ram	
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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 appears in Block 12 or Block 18 if changed around an affective or trusted en powered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURÉ:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 9980208