

**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.)**

1

PROFIT CORPORATION ANNUAL REPORT 1997



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

SEP 26 11:11 AM '97

97 SEP 26 11:11 AM '97

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000064922 (4)

1. Corporation Name
EFFECTIVE MARKETING, INC.

Principal Place of Business
**311 NEW YORK ST.
HOLLYWOOD FL 33019**

Mailing Address
**311 NEW YORK ST.
HOLLYWOOD FL 33019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1995	3a. Date of Last Report 07/15/1996
4. FEI Number 65-0607405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 311 New York St.	26 311 New York St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Hollywood Fl.	28 Hollywood Fl.
Zip	Country
24 33019	25 Broward
29 33019	30 Broward

9. Name and Address of Current Registered Agent

**MONIUDIS, PERRY D
235 N UNIVERSITY DR
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature of board member and holder of registered office or registered agent (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOHN, EMMY	
STREET ADDRESS	313 OREGON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOHN, MICHAEL	
STREET ADDRESS	5851 HOLMBERG RD	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SOHN, EMMY	
1.3 STREET ADDRESS	311 New York St.	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33019	
2.1 TITLE	SOHN, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOHN, MICHAEL	
2.3 STREET ADDRESS	313 OREGON ST.	
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33019	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

09/29/97--0126--016
******165.00 ****165.00**

9-26-97

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 _____

CR2E034 (4/97)

9-15-97 (2)

To Whom It May Concern:

As per my conversation with your office at (904) 488-9000 to verify the reason I never received a 1st. notice of my Corporation Annual Report it was cited to Perry D. Monicoudis at 235 N. University Dr. Pembroke Pines who did not forward any notices to me making me delinquent. My office address has recently changed to 311 New York from 313 Oregon and I just received my second Notice. I apologize for this confusion. In the future could I have any and all notices mailed to my Corporation address at 311 New York Street to has no future problems. Please review this matter as I am anxious to correct any & all problems in the future. I sincerely hope this explanation will be sufficient. Thank you for your cooperation.

Sincerely



* Enclosed please find my cks (954) 925-8001 for the amt. your office suggested I mail. I hope you will accept this. please