

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

FILED  
Jun 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P95000066 001**

1. Corporation Name

**MARKETING CONNECTION International INC.**

Principal Place of Business

Mailing Address

**890 CORAL RIDGE DR  
#104  
CORAL SPRINGS, FL 33071**

**SAME**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**Bernard W. Margolies  
Building 3 Suite 2A  
2301 W. Sample Rd  
Pompano Beach, FL 33073**

3. Date Incorporated or Qualified

**AUGUST, 25 1995**

3a. Date of Last Report

**APRIL 1996**

4. FEI Number

**65-0604889**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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 **Bernard W. Margolies**

Signature, typed or printed name of registered agent and title of application

(NOTE: Registered Agent signature required when resigning)

**Bernard W. Margolies**

**5/27/97**

12. OFFICERS AND DIRECTORS

TITLE **P/T** ☐ DELETE

NAME **Monica A. Harris**  
STREET ADDRESS **890 CORAL RIDGE DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VP/S** ☐ DELETE

NAME **Elizabeth N. Vigliotti**  
STREET ADDRESS **890 CORAL RIDGE DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**400002205204  
-06/11/97-01006-001  
\*\*\*165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: **Monica A. Harris**

Signature and typed or printed name of signing officer or director

**5/27/97 (954) 757-7799**

Date

Daytime Phone #

CR2E034 (9/96)